



The City of  
**OKLAHOMA CITY**  
Department of Public Works

June 20, 2023

Poe & Associates, Inc.  
Attn: David Streb, P.E., Senior Vice President  
1601 NW Expressway, Suite 400  
Oklahoma City, OK 73118

Re: Project MC-0618-B, construction management and inspection services for the (sales tax)  
street resurfacing program – Amendment No. 3

Dear Mr. Streb:

We would like to amend the above referenced contract to extend the term for an additional 365 days, making the new expiration date June 30, 2024. If you agree to this amendment and extension, please sign and return this document along with current insurance certificates to Hailey Melvin at [hailey.melvin@okc.gov](mailto:hailey.melvin@okc.gov) for placement on an upcoming Council docket.

☒ Yes, I would like to amend and extend the above-mentioned contract.

☐ No, I do not wish to amend and extend the above mentioned contract.



John Bowman  
PRINTED NAME OF SIGNATORY  
SIGNATURE BY PRESIDENT/ AUTHORIZED REPRESENTATIVE

Poe & Associates  
COMPANY NAME

1601 NW Expressway, Suite 515  
STREET ADDRESS

Oklahoma City, OK 73118  
CITY, STATE, ZIP CODE

( 405 ) 949-1962  
BUSINESS TELEPHONE

**APPROVED** by the Council and signed by the Mayor of The City of Oklahoma City  
this 15TH day of AUGUST 2023

Amy K Simpson  
City Clerk



David Holt  
Mayor

REVIEWED for form and legality.

Craig Keith  
Assistant Municipal Counselor



POE&amp;ASS-01

KSTEBBINS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (405) 840-4351 <b>FAX (A/C, No):</b> (405) 842-1009 <b>E-MAIL ADDRESS:</b> kstebbins@messerbowers.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Indemnity of America <b>INSURER B:</b> The Phoenix Insurance Co <b>INSURER C:</b> THE TRAVELERS INDEMNITY CO <b>INSURER D:</b> Travelers Casualty & Surety Company of America <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	<b>NAIC #</b> 25666 25658 31194

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	680 00H770068 23 47	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BA 3A921428 23 GRP	8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP 004A030120 23 47	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB 008K158882 23 47	8/1/2023	8/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Valuable Papers			680 00H770068 23 47	8/1/2023	8/1/2024	Limit 1,300,000
D	Professional Liab			105841819	8/1/2023	8/1/2024	Per Claim 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Engineering services. General Liab Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liab is subject to a total aggregate limit of \$6,000,000 / Auto Liab Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General, Auto and Employer's Liab.

Re: Proj MC-0618-B.  
SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

<b>The City of Oklahoma City &amp; Its Participating Public Trusts</b> 420 W Main Ste 700 Oklahoma City, OK 73102	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  <i>John BOWEASTIL</i>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Messer-Bowers Company</b>		NAMED INSURED <b>Poe &amp; Associates, Inc.</b> 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Certificate Holder is incl as Additional Insd for General (on a primary and non contributory basis) & Auto Liability, incl a waiver of subrogation, all when req'd by written contract. Waiver of subrogation applies in favor of the holder as respects Employer's Liability when req'd by written contract. 30dnoc (10 days for non payment) in favor of the holder as respects General, Auto and Employer's Liability.