



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

December 7, 2023

SourceOne Management Services Inc
5424 S 99th Ave
Tulsa, OK 74146

APPROVED

3-12-2024

BY THE CITY COUNCIL
Arny H. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C248001 for Custodial Services** for the term **3/15/2024 through 3/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature and return to me by **December 31, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3995, Fax (405) 297-2142 or Email: monica.hardesty@okc.gov.

Thank you,

Monica Hardesty

Monica Hardesty, Senior Buyer
Procurement Services

☒ Yes, I would like to renew
per the above mentioned.
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

MARK FERRELL

PRINTED NAME

PRESIDENT

TITLE

Mark J A

AUTHORIZED SIGNATURE

SourceOne Management Services Inc.

COMPANY NAME

5424 So. 99th East Ave

STREET ADDRESS

Tulsa OK 74146

CITY, STATE AND ZIP CODE

918-551-6300

BUSINESS TELEPHONE

Mark @ SourceOne-usa.com

CONTACT E-MAIL

CERTIFICATE OF LIABILITY INSURANCE

SOURMAN-02

CYQUNT

DATE (MM/DD/YYYY)
12/8/2023

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).

PRODUCER Rich & Cartmill, Inc. 2738 E. 51st Street, Suite 400 Tulsa, OK 74105	CONTACT Christine Yount NAME: PHONE (A/C, No, Ext): (918) 293-7178 FAX (A/C, No): E-MAIL Address: cyount@rcins.com														
	<table border="1"> <thead> <tr> <th data-bbox="763 438 1304 447">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1304 438 1438 447">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="763 447 1304 455">INSURER A : Tri-State Ins Co of MN</td> <td data-bbox="1304 447 1438 455">31003</td> </tr> <tr> <td data-bbox="763 455 1304 464">INSURER B : CONTINENTAL WESTERN INS CO</td> <td data-bbox="1304 455 1438 464">10804</td> </tr> <tr> <td data-bbox="763 464 1304 472">INSURER C : Accident Fund Ins Co of Am</td> <td data-bbox="1304 464 1438 472">10166</td> </tr> <tr> <td data-bbox="763 472 1304 480">INSURER D :</td> <td data-bbox="1304 472 1438 480"></td> </tr> <tr> <td data-bbox="763 480 1304 489">INSURER E :</td> <td data-bbox="1304 480 1438 489"></td> </tr> <tr> <td data-bbox="763 489 1304 497">INSURER F :</td> <td data-bbox="1304 489 1438 497"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Tri-State Ins Co of MN	31003	INSURER B : CONTINENTAL WESTERN INS CO	10804	INSURER C : Accident Fund Ins Co of Am	10166	INSURER D :		INSURER E :		INSURER F :	
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INSURED Sourceone Management Services, Inc 5424 S 99th E Ave Tulsa, OK 74146															

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 INFO	SUBR INFO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			ADV478260415	6/19/2023	6/19/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADY INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG							
		OTHER:							
B	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			CAA478287415	6/19/2023	6/19/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUA478292015	6/19/2023	6/19/2024	EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AFWCP100100423	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) <input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

CERTIFICATE HOLDER

The City of Oklahoma City and its Trust area included as additional Insured

Contract#OM25-C248009/R25-C248001

Certificate Holder:

City of Oklahoma City and its Trust
100 N Walker, Suite 200
Oklahoma City, OK 73120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Long D. Hines

ACORD 25 (2016/03)

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