



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2024

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 Secure Insurance Group 136 Thompson Drive Norman OK 73069	CONTACT NAME: Mickey Mann PHONE (A/C, No, Ext): 405-364-2554 FAX (A/C, No): 405-241-5493 E-MAIL ADDRESS: mickey@mannandassociates.net														
INSURED Arroyo's Concrete LLC 1233 SW 41st Street Oklahoma City OK 73109	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER B: American Mercury Insurance Company</td><td>16810</td></tr><tr><td>INSURER C: CompSOURCE Mutual</td><td>524</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Kinsale Insurance Company	38920	INSURER B: American Mercury Insurance Company	16810	INSURER C: CompSOURCE Mutual	524	INSURER D:		INSURER E:		INSURER F:	
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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	ADDITIONAL INSURED (Y/N)	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	0100315179-0	07/30/2024	07/30/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	BA350000008684	02/08/2024	02/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	Y	0100315215-0	07/30/2024	07/30/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
C	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 Y	03299751 24 1	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Concrete Contractor

The city of Oklahoma City and any participating public trust are named as additional insureds with respect to the general liability, automobile liability and umbrella liability policies

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City
and its beneficiary trusts
420 W Main Street
Oklahoma City, OK 73102

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

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TLS
GROUP, INC

P.O. Box 14788
Oklahoma City, OK 73113
(405) 524-1341

To:	Arroyo's Concrete	Contact:	Emilio Arroyo
Address:	1233 SW 41ST ST Oklahoma City, OK 73109	Phone:	(405) 887-4526
		Fax:	
CO Name:	Radar Detection	CO ID:	01
Project Location:	Oklahoma City, OK	CO Date:	3/31/2025

The following is a quotation for the above subject project.

Line #	Item Description	Estimated Quantity	Unit	Unit Price	Total Price
Section 03 - TLS Change Order #01					
03001	RADAR DETECTION SYSTEM (ADVANCE SENSORS)	2.00	EACH	\$10,300.00	\$20,600.00
03002	RADAR DETECTION SYSTEM (PRESENCE SENSORS)	4.00	EACH	\$9,600.00	\$38,400.00
03003	RADAR CABINET INTERFACE (CLICK 656 OR NEWEST MODEL)	1.00	EACH	\$11,750.00	\$11,750.00
03004	RADAR DETECTOR CABLE	1,000.00	LF	\$3.50	\$3,500.00
Total Price for above Section 03 - TLS Change Order #01 Items:					\$74,250.00

Total Bid Price: \$74,250.00

Notes:

- This change order includes all equipment, labor, and materials to install radar detection at NW 52nd & May Ave.
- All notes from our original quote letter apply to this change order.

Payment Terms:

Terms for Payment are NET 30 days from date of our invoice.

ACCEPTED: The above prices, specifications and conditions are satisfactory and hereby accepted. Buyer: Arroyo's Concrete, LLC Signature: <u>Emilio Arroyo</u> Date of Acceptance: <u>04/08/2025</u>	CONFIRMED: TLS Authorized Signature: _____ Estimator: Lawson Miracle 405-423-0623 estimating@tlsgroupinc.net
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