



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

March 27, 2025

Direct Protective Services  
14848 Bristol Park Blvd  
Edmond, OK 73013

Renewal No. 2

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247021 for Security Services** for the term **May 13, 2025 through May 12, 2026** 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 **April 9, 2025**. 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) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ **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.**

Justin Roberson

**PRINTED NAME**  
President

**TITLE**  
  
**AUTHORIZED SIGNATURE**

**COMPANY NAME**  
Direct Protective Services

**STREET ADDRESS**  
14848 Bristol Park Blvd Edmond, OK 73013

**CITY, STATE AND ZIP CODE**  
405-249-4181

**BUSINESS TELEPHONE**  
[jroberson@directprotective.com](mailto:jroberson@directprotective.com)

**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2025

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><br>Insurceco<br>1601 NW Expressway<br>Ste 1001<br>Oklahoma City OK 73118 | <b>CONTACT</b><br>NAME: Keaton Story<br>PHONE (A/C, No, Ext): (405) 348-5475<br>E-MAIL: keaton@insurceco.com<br>FAX (A/C, No):<br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Kinsale Insurance Company<br>INSURER B: BERKSHIRE HATHAWAY<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | <b>NAIC #</b><br>38920<br>20044 |
| <b>INSURED</b><br>DIRECT PROTECTIVE SERVICES LLC<br>2700 COLTRANE PL<br>EDMOND OK 73034  |   |                                 |

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                                       |                                 |          | 30984404       | 10/15/2024              | 10/15/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> 5,000<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> 5,000 |                                 |          | 02APM055001-01 | 01/24/2025              | 01/24/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$   |                                 |          |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      |                |                         |                         | PER STATUTE<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

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

BID24710

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| City of Oklahoma City and participating Trusts<br>100 North Walker Avenue<br>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.<br>AUTHORIZED REPRESENTATIVE |
|---|---|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2025

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><br>Mosley Agency<br>428 Grand Avenue<br>P.O. Box 2100<br>Chickasha<br>OK 73023-2100    | <b>CONTACT NAME:</b> Terry Charlson<br><b>PHONE (A/C, No, Ext):</b> (405) 224-1000<br><b>FAX (A/C, No):</b> (405) 224-5593<br><b>E-MAIL ADDRESS:</b> terryc@mosleyagency.com   |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
|--|--|-------------------------------|--------|--|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Direct Protective Services LLC<br>2700 Coltrane Place, Suite 1<br>Edmond<br>OK 73034 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Compsource Mutual Insurance Company</td><td>36188</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></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></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Compsource Mutual Insurance Company | 36188 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Compsource Mutual Insurance Company   | 36188  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER D:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER E:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER F:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |


**COVERAGES****CERTIFICATE NUMBER:** CL2542806747**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  |
|----------|--|--|----------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |          |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY      |  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>   |  |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> Y | N/A      | 03221608 25 1 | 04/01/2025              | 04/01/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| The City of Oklahoma City and participating Trusts<br>100 N. Walker, Suite 200<br>Oklahoma City<br>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.<br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

March 27, 2025

Securitas, Inc.  
4101 Perimeter Center Dr #100  
Oklahoma City, OK 73112

Renewal No. 2

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247022 for Security Services** for the term **May 13, 2025 through May 12, 2026** 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 **April 9 2025**. 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) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ **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.**

KYLE MEYER  
PRINTED NAME  
DISTRICT MANAGER  
TITLE  
  
AUTHORIZED SIGNATURE  
SECURITAS SECURITY SERVICES USA, INC.  
COMPANY NAME  
4101 PERIMETER CENTER DR  
STREET ADDRESS  
OKLAHOMA CITY, OK 73112  
CITY, STATE AND ZIP CODE  
918-240-3429  
BUSINESS TELEPHONE  
KYLE.MEYER@SECURITASINC.COM  
CONTACT E-MAIL

# LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED  
LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY  
AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

This letter authorizes KYLE MEYER to  
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of SECURTAS SECURITY SERVICES USA, INC.  
(CONTRACTING ENTITY)

Sincerely,

Ridley A. Watson  
Signature of Authorizing Officer

Vice President  
Printed Title

3/28/2025  
Date

Ridley A. Watson  
Printed Name of Authorizing Officer

adam.watson@securitasinc.com  
Email Address of Authorizing Officer

**NOTE: If the Contracting Entity is a(n):**

|               |   |
|---------------|---|
| Corporation   | The authorizing officer <b>must</b> be: President, Vice-President, Chairperson, or Vice-Chairperson |
| LLC           | The authorizing officer <b>must</b> be: Manager, Managing Member, President, or Vice-President      |
| Partnership   | The authorizing officer <b>must</b> be: General Partner   |
| Joint Venture | The authorizing officer <b>must</b> be: An Authorized Officer of Each of the Ventures               |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/31/2025

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.

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|  |  |   |       |  |       |  |       |             |  |             |  |             |  |
|--|--|---|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|--|
| <b>PRODUCER</b><br>Marsh Risk & Insurance Services<br>CA License #0437153<br>633 W. Fifth Street, Suite 1200<br>Los Angeles, CA 90071<br>Attn: Securitas.Certrequest@marsh.com<br>CN101410269-S-GAWC-25-26 SUSA OK | <b>CONTACT NAME:</b> Arthur Talavera<br><b>PHONE (A/C, No. Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> Securitas.Certrequest@marsh.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"><tr><td>INSURER A : Allianz Global Risks US Insurance Company</td><td>35300</td></tr><tr><td>INSURER B : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C : Indemnity Insurance Company of North America</td><td>43575</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></table> | INSURER A : Allianz Global Risks US Insurance Company | 35300 | INSURER B : ACE American Insurance Company | 22667 | INSURER C : Indemnity Insurance Company of North America | 43575 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER A : Allianz Global Risks US Insurance Company  | 35300  |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER B : ACE American Insurance Company   | 22667  |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER C : Indemnity Insurance Company of North America   | 43575  |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER D :  |  |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER E :  |  |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER F :  |  |   |       |  |       |  |       |             |  |             |  |             |  |
| <b>INSURED</b><br>Securitas Holdings, Inc.<br>(See Page 2 for Additional Named Insureds)<br>4330 Park Terrace Drive<br>Westlake Village, CA 91361  |  |   |       |  |       |  |       |             |  |             |  |             |  |

## COVERAGES

CERTIFICATE NUMBER:

LOS-002673293-05

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/>                              |          | USL03039625  | 01/01/2025                             | 01/01/2026                             | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>N/A</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>5,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table> | EACH OCCURRENCE   | \$ | 5,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 | MED EXP (Any one person)     | \$ | N/A       | PERSONAL & ADV INJURY          | \$ | 5,000,000 | GENERAL AGGREGATE | \$ | 5,000,000 | PRODUCTS - COMP/OP AGG | \$ | 5,000,000 |  | \$ |  |
| EACH OCCURRENCE   | \$   | 5,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$   | 1,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| MED EXP (Any one person)  | \$   | N/A  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| PERSONAL & ADV INJURY   | \$   | 5,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| GENERAL AGGREGATE   | \$   | 5,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| PRODUCTS - COMP/OP AGG  | \$   | 5,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
|   | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| B   | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  | <input checked="" type="checkbox"/>                              |          | ISA H11369595  | 01/01/2025                             | 01/01/2026                             | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>2,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>   | COMBINED SINGLE LIMIT (Ea accident)   | \$ | 2,000,000 | BODILY INJURY (Per person)                | \$ |           | BODILY INJURY (Per accident) | \$ |           | PROPERTY DAMAGE (Per accident) | \$ |           |                   | \$ |           |                        |    |           |  |    |  |
| COMBINED SINGLE LIMIT (Ea accident)   | \$   | 2,000,000  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| BODILY INJURY (Per person)  | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| BODILY INJURY (Per accident)  | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| PROPERTY DAMAGE (Per accident)  | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
|   | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
|   | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |  |          |  |  |  | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>   | EACH OCCURRENCE   | \$ |           | AGGREGATE                                 | \$ |           |                              | \$ |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| EACH OCCURRENCE   | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| AGGREGATE   | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
|   | \$   |  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      | WLR C72620768 (AOS)<br>SCF C7262080A (WI)<br>WCU C72620847 (CA, OH, WA) \$750K SIR | 01/01/2025<br>01/01/2025<br>01/01/2025 | 01/01/2026<br>01/01/2026<br>01/01/2026 | <table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>  | <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 |                   |    |           |                        |    |           |  |    |  |
| <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  |          |  |  |  |  |   |    |           |   |    |           |                              |    |           |                                |    |           |                   |    |           |                        |    |           |  |    |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Contract: C247022; Certificate valid upon fully executed signed contract.

The City of Oklahoma City and its Trusts are named as Additional Insured where required by executed written contract between the Insured and the Certificate Holder (or between the Insured and its client, if different from the Certificate Holder), and in accordance with the terms and conditions of such contract and the terms and conditions of the insurance policy. Acts or omissions of Additional Insureds are not covered under any circumstances. Additional insured coverage does not apply to the above Workers Compensation policy.

## CERTIFICATE HOLDER

## CANCELLATION

|  |   |
|--|---|
| City of Oklahoma and its Trusts<br>Attn: Jennifer Swann<br>100 N Walker Suite 200<br>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><br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Marsh USA LLC</i> |
|--|---|

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

|  |                  |   |
|--|------------------|---|
| <b>AGENCY</b><br>Marsh Risk & Insurance Services |                  | <b>NAMED INSURED</b><br>Securitas Holdings, Inc.<br>(See Page 2 for Additional Named Insureds)<br>4330 Park Terrace Drive<br>Westlake Village, CA 91361 |
| <b>POLICY NUMBER</b>                             |                  |   |
| <b>CARRIER</b>                                   | <b>NAIC CODE</b> |   |
| <b>EFFECTIVE DATE:</b>                           |                  |   |

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

## Additional Named Insureds:

Securitas Holdings, Inc. including  
Securitas Security Services USA, Inc.  
Pinkerton Consulting & Investigations Inc.  
Securitas Electronic Security, Inc.  
Securitas Technology Corporation  
Securitas Healthcare LLC