



**The City of**  
**OKLAHOMA CITY**  
Finance Department

**Amendment No. 1 and Renewal No. 2**

March 18, 2025

Puckett's, Inc.  
314 SW 29th ST.  
Oklahoma City, OK 73109

Dear Vendor:

The City of Oklahoma City requests to renew and amend Wrecker Services for Impounded Vehicles for the term May 1, 2025 through April 30, 2026. The contract period is due to expire on April 30, 2025 and the City of Oklahoma City Police Department would like to amend the contract scope of services as laid out below. This amendment will not be effective until after Council approval.

Staff has been notified towing coverage for Zone 4 will need to be absorbed by the current vendors covering Zones 1-3. By signing this document Puckett's, Inc., Zone 2, has agreed to cover towing services for Zone 4 as needed.

Please indicate your concurrence or non-concurrence by completing the requested information, including signature and return to me. 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.

This document will be attached to your contract as an amendment.

If you have any questions, please contact me at (405) 297- 1918 or Caleb.Gutel@okc.gov.

Thank you,

Caleb Gutel  
Senior Buyer

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☒ Yes, I agree to the contract renewal and amendment per the above mentioned.

☐ No, I do not agree to amend the contract.

Sign Here

x

Signature of Individual

Chris Puckett (Pres.)

Title

President

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesman or Manager signs this form, a letter of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Printed Name of Individual

Chris Puckett  
Puckett's Inc.

Company Name and Address (Please Print)

Zip Code

405 6324401

Fax 405-631-3460

Telephone Number and Fax Number

73109

TO BE COMPLETED BY THE NOTARY:

State of \* Oklahoma )

SS.

County of \* Oklahoma )

[\*State and County where notarized must be written in.]

Signed and sworn to before me this 25 day of March, 2025 by

Chris Puckett

[Printed Name of Individual who signed above]

My Commission Number: 02019462

My Commission Expires: 12-23-26

Debra M Puckett

Notary Public Printed Name

Debra M Puckett

Notary Public Signature



APPROVED by Council and signed by the Mayor of the City of Oklahoma City this 6TH

day of MAY, 2025.

ATTEST:

Amy K. Simpson  
CITY CLERK



David Holt  
MAYOR

REVIEWED for form and legality.

Jonathan Garcia  
ASSISTANT MUNICIPAL COUNSELOR



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2025

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).

**PRODUCER**  
YouZoom Insurance Services, Inc.  
10801 Mastin Blvd  
Ste 950  
Overland Park KS 66210

**CONTACT NAME:** Emily Benson**PHONE**  
(A/C No. Ext): 888-240-8803**FAX**  
(A/C No.): 877-835-1833**E-MAIL ADDRESS:** AMServiceCenter@arrowheadgrp.com**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** American Guarantee and Liability Insurance

26247

**INSURER B:** Zurich American Insurance Company

16535

**INSURER C:** General Star Indemnity Company

37362

**INSURER D:** Insurance Company of the West

27847

**INSURER E:****INSURER F:**

**INSURED**  
Pucketts Inc  
314 SW 29th Street  
Oklahoma City OK 73109

PUCKINC-01

**COVERAGES****CERTIFICATE NUMBER:** 1618516148**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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPO1642276-03	7/10/2024	7/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		CPO1642276-03	7/10/2024	7/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input 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 \$ 0			IXG672517C	7/10/2024	7/10/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WVE 5064934 03	4/1/2025	4/1/2026	<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 B	Motor Truck Cargo Garagekeepers			CPO1642276-03 CPO1642276-03	7/10/2024 7/10/2024	7/10/2025 7/10/2025	Single Conveyance* Limit 50,000 see desc of Ops

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

Garage Keepers includes On-Hook / \*Cargo Limit: Single Conveyance \$50,000, Per Disaster \$250,000; Cargo Deductible \$1,000.

Covered Locations and Garage Keepers Limits at each Policy Location:

314 SW 29TH STREET, OKLAHOMA CITY, OK - \$250,000

300 SW 29TH STREET, OKLAHOMA CITY, OK - \$25,000

3005 S HARVEY, OKLAHOMA CITY, OK - \$112,500

402 SW 27TH ST, OKLAHOMA CITY - \$112,500

Certificate Holder is listed as Additional Insured.

**CERTIFICATE HOLDER**

City of Oklahoma City and its Trusts  
100 N Walker Ste 200  
Oklahoma City, OK 73102

**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

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