



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

June 6, 2024

Auto Chlor Services LLC  
1714 SE 66th  
Oklahoma City, OK 73149

**APPROVED**  
7-30-2024

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C215013 for Lease of Commercial Washer Extractors for the Fire Department** for the term **8/4/2024 through 8/3/2025** 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 **June 27, 2024**. 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) 297-3600, Fax (405) 552-6037 or Email: [Pennie.Leck@okc.gov](mailto:Pennie.Leck@okc.gov).

Thank you,

*Pennie Leck*  
Pennie Leck, Management Specialist  
Fire Department

☒ 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.

AARON K ROBERTS  
PRINTED NAME  
BRANCH MANAGER  
TITLE  
*AARON K ROBERTS*  
AUTHORIZED SIGNATURE  
AUTO-CHLOR  
COMPANY NAME  
1714 SE 66TH ST  
STREET ADDRESS  
OKLAHOMA CITY, OK 73149  
CITY, STATE AND ZIP CODE  
405-524-9615  
BUSINESS TELEPHONE  
aaron.r@acs-llc.net  
CONTACT E-MAIL

## LETTER OF AUTHORIZATION

**THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION**

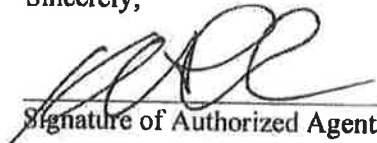
City of Oklahoma City or related Public Trust:

This letter authorizes Arnon K. Roberts to sign

Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract

on behalf of Auto Chlon Services LLC  
Company Name

Sincerely,

  
Signature of Authorized Agent

Senior Vice President 6-7-23  
Print Title Date

Kirk A. Greenwood  
Print Name

Email Address: KIRK.G@ACS-LLC.NET

Title: (must be checked)

- ☐ Owner
- ☐ Chief Executive Officer [CEO]
- ☐ Chief Financial Officer [CFO]
- ☐ Chief Operating Officer [COO]
- ☐ Chairman or Chairman of the Board
- ☒ Vice-President

- ☐ Treasurer
- ☐ Corporate Secretary
- ☐ Assistant Secretary
- ☐ Secretary-Treasurer
- ☐ President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2024

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 111 Veterans Boulevard Ste. 1130 Metairie LA 70112	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <b>E-MAIL ADDRESS:</b> brandon_lee1@ajg.com	<b>FAX (A/C, No):</b>
<b>INSURED</b> Auto-Chlor Services, LLC 500 Dakin St. Jefferson LA 70121	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Phoenix Insurance Company <b>INSURER B:</b> Travelers Property Casualty Co of America <b>INSURER C:</b> Travelers Casualty and Surety Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25623 25674 19038

**COVERAGES****CERTIFICATE NUMBER:** 1990771201**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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	Y6308291B540PHX24	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	8108C3586912414	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP9H6411102414	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<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 checked="" type="checkbox"/> N	Y	UB0K0716532414E	2/1/2024	2/1/2025	<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)**

Subject to policy terms and conditions, the following apply to the extent required by written contract: Under General Liability coverage, Certificate Holder is an Additional Insured and Waiver of Subrogation applies to Certificate Holder. Under Auto Liability coverage, Certificate Holder is an Insured and Waiver of Subrogation applies to Certificate Holder. General and Auto Liability are primary of Certificate Holder's insurance. Under Workers Compensation, Waiver of Subrogation applies to Certificate Holder, coverage is provided in all states except OH, WA, WY, & ND, and no employees are excluded. Umbrella/Excess Liability is follow form of underlying General and Auto Liability.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City Fire Department  
820 NW 5th Street  
Oklahoma City OK 73106  
USA

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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