



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

June 6, 2024

Conrad Fire Equipment  
19922 W 162nd Street  
Olathe, KS 66062-2787

**APPROVED**  
7-30-2024

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C235040 for Tethered Drone for the Fire Department** for the term **8/2/2024 through 8/1/2025** 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

☒ \*Note - please see attached price increase letter.

☒ **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.**

Joe Schultz

**PRINTED NAME**

VP Service

**TITLE**

*Joe Schultz*

**AUTHORIZED SIGNATURE**

Conrad Fire Equipment, Inc.

**COMPANY NAME**

19922 W 162nd Street

**STREET ADDRESS**

Olathe, KS 66062

**CITY, STATE AND ZIP CODE**

913-780-5521

**BUSINESS TELEPHONE**

[joes@conradfire.com](mailto:joes@conradfire.com)

**CONTACT E-MAIL**



June 27th, 2024

Oklahoma City, OK Fire Department  
Pennie Leck, Management Specialist  
820 NW 5th Street, Oklahoma City, OK 73106

Dear Pennie:

Conrad Fire Equipment, Inc. would like to renew the contract agreement No. R24-C235040 for Tethered Drone for the Fire Department for the term 8/2/2024 through 8/1/2025 under the same terms, conditions and provisions as originally awarded. We will be revising our pricing (see attached pricing sheet) to reflect the continuing annual increases due to market and pricing volatility.

Sincerely,

A large, faint, pink oval watermark containing the word 'Pierce' in a grey script font with a registered trademark symbol.  
*Joe Schultz* REFORM. LIKE NO OTHER. <sup>SM</sup>

Joe Schultz  
VP Service, CFE

Item Number	Line Item	Notes	Unit Price	Qty
23505-01-02	Tethered Drone: Tethered Drone with Pelican Case	Supplier Product Code: FOT.11903-013 Replaced FOT.11903-016, and no longer includes a tablet. Supplier now offers IOS & Android applications that can be used with an existing tablet.	\$36,187	1
23505-01-03	Tethered Drone: Tablet Pre Loaded with Software	Supplier Product Code: FOT.12590-001 Replaced FOT.11959-002.	\$2,841	1
23505-01-04	Tethered Drone: Vehicle Mounted Charging Station	Supplier Product Code: FOT.12123-001 Supplier switched manufacturers for this product and made some design improvements. This is not a mandatory product to run the system. This is a stand that has power and direct connection.	\$2,460	1
23505-01-05	Tethered Drone: Transport Case and Tray Mount Service Subscription and Extended Warranty Package: 5 years	Supplier Product Code: FOT.20000-008	\$8,016	1
23505-01-06	Tethered Drone: Remote Video Stream Subscription: 5 years	Supplier Product Code: FOT.20000-011	\$8,705	1
23505-01-07	Tethered Drone: Onsite Train-the-Trainer Training	Supplier Product Code: FOT.20000-006 Pricing is a one time charge and is good for up to 6 units purchased.	\$2,420	1
23505-01-08	Tethered Drone: Sublet Repair Services		\$107.63	1



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2024

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> Twin Lakes Insurance Agency PO Box 970 Lees Summit MO 64063		<b>CONTACT NAME:</b> Geralyn <b>PHONE (A/C, No, Ext):</b> 816-251-3316 <b>FAX (A/C, No):</b> 816-525-4049 <b>E-MAIL ADDRESS:</b> info@twinlakesins.com		
<b>INSURED</b> Conrad Fire Equipment Inc. 19922 W 162nd Olathe KS 66062		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Accident Fund Insurance Company Of America		10166
		INSURER B : Arch Insurance Company		11150
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

**COVERAGES****CERTIFICATE NUMBER:** 1663324499**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	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	MFPK08583001	12/2/2023	12/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MFCA08368801	12/2/2023	12/2/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded: \$ \$1,000
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	MFUM10023301	12/2/2023	12/2/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<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 N	N/A	100038617	6/27/2024	6/27/2025	<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
B	<b>MOBILE DEALERS EQUIPMENT</b>			MFPK08583001	12/2/2023	12/2/2024	LIMIT 1,600,000

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

The Certificate Holder and all other parties required under a written contract are named as additional insureds with respects to Liability on a Primary & Non-Contributory basis. A Waiver of Subrogation is provided where allowed by law & required by a written contract.

CG2001 12/19 Primary and Non-Contributory - Other Insurance Condition  
CG2453 12/19 Waiver of Transfer of Rights of Recovery Against Others to Us Automatic  
CG2033 12/19 Additional Insured - Owners, Lessees or Contractors - Automatic Status  
CG2034 12/19 Additional Insured - Lessor of Leased Equipment - Automatic Status  
CG2035 12/19 Additional Insured - Grantor of Licenses - Automatic Status  
CG2037 12/19 Additional Insured - Owners, Lessees or Contractors - Completed Operations  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City  
200 N Walker Ave  
Oklahoma City OK 73102  
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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Twin Lakes Insurance Agency		NAMED INSURED Conrad Fire Equipment Inc. 19922 W 162nd Olathe KS 66062
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

CG2038 12/19 Add'l Ins - Owners, Lessees or Contractors - Automatic Status for Other Parties

CA0443 Waiver of Transfer of Rights of Recovery

CA2048 Blkt Designated Insured - Any person or organization you are specifically required by a written contract or agreement to include as an additional insured on your policy.

The City of Oklahoma City and all other parties required under a written contract are named as additional insured with respects to liability.