



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.

Thank you,

Pennie Leck
 Pennie Leck, Management Specialist
 Fire Department

*Note - please see attached price increase letter.
 Yes, I would like to renew for 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

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, light red oval graphic containing the word 'Pierce' in a grey, cursive script font. A small registered trademark symbol (®) is located to the right of the word.

Joe Schultz REFORM. LIKE NO OTHER.™

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).

PRODUCER Twin Lakes Insurance Agency PO Box 970 Lees Summit MO 64063	CONTACT NAME: Geralyn PHONE (A/C, No, Ext): 816-251-3316 E-MAIL ADDRESS: info@twinlakesins.com	FAX (A/C, No): 816-525-4049	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Conrad Fire Equipment Inc. 19922 W 162nd Olathe KS 66062	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"/> COMMERCIAL GENERAL LIABILITY <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"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED 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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <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	<input checked="" type="checkbox"/> 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	N/A	100038617	6/27/2024	6/27/2025	<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
B	MOBILE DEALERS EQUIPMENT			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

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

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.