



The City of
OKLAHOMA CITY
Department of Public Works

July 8, 2024

Greg Goodpasture
Oklahoma Roofing & Sheet Metal LLC.
1708 Lowry Ave
Oklahoma City, OK 73129

APPROVED
8-13-2024

BY THE CITY COUNCIL
Jeromy Smith CITY CLERK


RE: Project MC-0735 Annual Roofing Contract, – Contract Renewal

Dear Mr. Goodpasture:

The City of Oklahoma City and Oklahoma Roofing & Sheet Metal LLC., have the option of renewing the Contract for MC-0735 Annual Roofing Contract, for the term of July 1, 2024 to June 30, 2025, under the same terms, conditions and provisions as originally awarded, including prices. Please indicate your concurrence or non-concurrence below and return to Jeromy Smith at (at jeromy.smith@okc.gov by July 18, 2024, with a current certificate of insurance. Your concurrence does not guarantee renewal.

☒ Yes, I would like to renew the above-mentioned contract.

☐ No, I do not wish to renew the above-mentioned contract.


SIGNATURE BY PRESIDENT/ AUTHORIZED REPRESENTATIVE

Ronny Gilbreath
PRINTED NAME OF SIGNATORY

Oklahoma Roofing & Sheet metal
COMPANY NAME

P.O. Box 96528
STREET ADDRESS

Oklahoma City , Oklahoma 73143
CITY, STATE, ZIP CODE

(405) 670-1429
BUSINESS TELEPHONE

(CITY USE ONLY)

☐ The City of Oklahoma City chooses not to renew the above contract.



OKLAROO-02

DSHEPARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2024

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 Rich & Cartmill, Inc. 9401 Cedar Lake Avenue Oklahoma City, OK 73114 | CONTACT NAME: Diane Shepard | |
| | PHONE (A/C, No, Ext): (405) 463-7520 FAX (A/C, No): | |
| | E-MAIL ADDRESS: dshepard@rcins.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : American Cas Co of Reading PA | 20427 |
| INSURED Oklahoma Roofing & Sheet Metal, LLC PO Box 96528 Oklahoma City, OK 73143 | INSURER B : Continental Ins Co | 35289 |
| | INSURER C : Valley Forge Ins Co | 20508 |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | | 7015064250 | 5/1/2024 | 5/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | BUA7012436951 | 5/1/2024 | 5/1/2025 | 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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | CUE7014771981 | 5/1/2024 | 5/1/2025 | 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) <input checked="" type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | 7012442765 | 5/1/2024 | 5/1/2025 | <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 |
| C | Inland Marine | | | 7014939991 | 5/1/2024 | 5/1/2025 | Leased/Rented 500,000 |
| C | Installation | | | 7014939991 | 5/1/2024 | 5/1/2025 | All Projects 5,000,000 |

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

MC-0668 Annual Roofing Contract

AS REQUIRED BY WRITTEN CONTRACT:

The Certificate Holder is additional insured, with regards to the Commercial General Liability, as afforded by form CNA75079XX.

The Certificate Holder is loss payee, with regards to the Valuable Papers.

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City and its beneficiary trusts
420 W. Main St., Suite 400
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.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------------------------|--|--|
| AGENCY Rich & Cartmill, Inc. | | NAMED INSURED Oklahoma Roofing & Sheet Metal, LLC PO Box 96528 Oklahoma City, OK 73143 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | | |
| | | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

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

Other Coverages:

Pollution Liability - Columbia Casualty Company

Effective Dates 05/01/2024 - 05/01/2025

Policy # 5099464562

Claims-Made Policy

Each Claim - \$2,000,000

Aggregate Limit - \$2,000,000

Errors and Omissions - Columbia Casualty Company

Effective Dates 05/01/2024 - 05/01/2025

Policy # 5099464562

Claims-Made Policy

Each Claim - \$2,000,000

Aggregate Limit - \$2,000,000

Installation Floater Contains Property at a Temporary Storage Coverage - Limit - \$1,000,000

****Referenced forms are available upon request.