



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

February 5, 2025

Harris And Harris LTD  
111 West Jackson Blvd  
Ste 400  
Chicago, IL 60604

**APPROVED**  
4/22/2025

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. **COKC00141 for Collection of Delinquent accou** for the term **4/25/2025 through 4/24/2026** 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 **March 3, 2025**. 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) 297-3960, Fax (405) 297-2142 or Email: [Joann.Daniel@okc.gov](mailto:Joann.Daniel@okc.gov).

Thank you,

Joann Daniel, Senior Buyer  
Procurement Services

**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.**

David Peters

\_\_\_\_\_  
**PRINTED NAME**  
Chief Executive Officer

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**  
Harris & Harris, Ltd.

\_\_\_\_\_  
**COMPANY NAME**  
111 W Jackson Blvd., Suite 650

\_\_\_\_\_  
**STREET ADDRESS**  
Chicago, IL 60604

\_\_\_\_\_  
**CITY, STATE AND ZIP CODE**  
(312) 423-2400

\_\_\_\_\_  
**BUSINESS TELEPHONE**  
dpeters@harriscollect.com

**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2025

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).

<b>PRODUCER</b> Hub International Midwest Limited 203 N La Salle St Ste 2000 Chicago IL 60601-1245	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 312-922-5000	<b>FAX (A/C, No):</b> 312-922-5358
	<b>E-MAIL ADDRESS:</b> cschicago@hubinternational.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
License#: 100290819	<b>INSURER A:</b> Sentinel Insurance Company, Ltd.	11000
HARR&HA-03	<b>INSURER B:</b> Markel American Insurance Company	28932
<b>INSURED</b> H&H Parent, LLC; Harris & Harris, Ltd. 111 W. Jackson Blvd Ste 650 Chicago IL 60604	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1501869469

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			83SBAAF5593	10/31/2024	10/31/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input 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			83SBAAF5593	10/31/2024	10/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			83SBAAF5593	10/31/2024	10/31/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <b>N/A</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			83WECBL3H2J	10/31/2024	10/31/2025	<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	Directors & Officers			MKLM3MML001010	10/31/2024	10/31/2025	Limit	5,000,000
B	Employment Practices			MKLM3MML001010	10/31/2024	10/31/2025	Limit	5,000,000
B	Fiduciary			MKLM3MML001010	10/31/2024	10/31/2025	Limit	1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Crime Policy #: ELU200777-24; Carrier: XL Specialty Insurance Company; Effective Date: 10/31/2024-10/31/2025; Limit: \$5,000,000  
 Cyber Liability Policy #: CYB-108159; Carrier: Crum & Forster Specialty Insurance Company; Effective Date: 10/31/24-10/31/25; Limit: \$5,000,000  
 Excess Cyber Liability Policy #: SPR 0926211-04; Carrier: Steadfast Insurance Company; Effective Date: 10/31/24-10/31/2025; Limit: \$5,000,000  
 Professional Liability Including Technology Errors & Omissions Policy #: PEO-033665-00; Carrier: Homesite Insurance Company; Effective Date: 4/30/2024-4/30/2025; Limit: \$5,000,000  
 Excess Professional Liability Policy #: HPRO-CX-HS-0000540-00; Carrier: Houston Specialty Insurance Company; Effective Date: 4/30/2024-4/30/2025; Limit: \$5,000,000

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City Department of Finance 100 N. Walker, Suite 200 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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.