



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

RENEWAL NO. 2

February 29, 2024

Banner Fire Equipment Inc  
4224 N Santa Fe  
Oklahoma City, OK 73118

**APPROVED**  
6-4-2024

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-C235013A for Fire Apparatus Repair Parts, Supplies, and Services** for the term **6/14/2024 through 6/13/2025** 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 **March 21, 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.

*Daniel Bagner*  
PRINTED NAME

*Vice President*  
TITLE

*[Signature]*  
AUTHORIZED SIGNATURE

*Banner Fire Equipment, Inc*  
COMPANY NAME

*4224 N. Santa Fe Ave.*  
STREET ADDRESS

*Oklahoma City, OK 73118*  
CITY, STATE AND ZIP CODE

*405-224-2596*  
BUSINESS TELEPHONE

*dan@bannerfire.com*  
CONTACT E-MAIL



BANNFIR-01

RTOURVILLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2024

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> Charles L. Crane Agency Co. 100 N Broadway, Ste 900 Saint Louis, MO 63102	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (314) 241-8700	<b>FAX (A/C, No):</b> (314) 444-4970
<b>INSURED</b>  Banner Fire Equipment, Inc. 4289 Industrial Drive Roxana, IL 62084	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Cincinnati Specialty Underwriters Insurance Company	<b>NAIC #</b> 13037
	<b>INSURER B:</b> Travelers Indemnity Co of CT	25682
	<b>INSURER C:</b> RSUI Indemnity Company	22314
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

## 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"/> <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"/> PROJECT <input type="checkbox"/> LOC OTHER:			CSU 0197004	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AD6282M2622314	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			NHA104670	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Garage/Garagekeepers</b>			AD6282M2622314	10/1/2023	10/1/2024	\$1,000,000 EaAcc/Agg 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Oklahoma City is added as additional insured as respects General and Automobile Liability, per written contract.  
30 Day notice of cancellation applies.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City  
820 NW 5th Street  
Oklahoma City, OK 73106

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



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

RENEWAL NO. 2

February 29, 2024

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

**APPROVED**  
6-4-2024

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C235014 for Fire Apparatus Repair Parts, Supplies, and Services** for the term **6/14/2024 through 6/13/2025** 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 **March 21, 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.**

\*Note - please see attached price increase letter

**[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**



March 10, 2024

Oklahoma City, OK Fire Department  
Pennie Leck, Management Specialist  
100 North Walker  
Oklahoma City, OK 73102

Dear Pennie:

Conrad Fire Equipment, Inc. would like to renew contract agreement R24-C235014 Fire Apparatus Repair Parts, Supplies, and Services for the term 6/14/2024 through 6/13/2025 under the same terms, conditions and provisions as originally awarded. We will be revising our troubleshooting/diagnostic charge and labor rate to reflect the increases in our labor rates over the past year. These rate increases are influenced largely by escalating inflation and changing market conditions. The new price for diagnostic/troubleshooting and labor will be \$148.50, which is 10% off our standard hourly rate.

Sincerely,

*Joe Schultz* REFORM. LIKE NO OTHER.™

Joe Schultz  
VP Service, CFE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2023

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> Carrie McArthur <b>PHONE (A/C, No, Ext):</b> 816-251-3316 <b>E-MAIL ADDRESS:</b> carriem@twinlakesins.com	<b>FAX (A/C, No):</b> 816-525-4049
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Accident Fund Insurance Company Of America		10166
<b>INSURER B:</b> Arch Insurance Company		11150
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 1772077558**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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	MFPK08583000	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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MFCA08368800	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	MFUM10023300	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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	100038617	6/27/2023	6/27/2024	<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	<b>MOBILE DEALERS EQUIPMENT</b>			MFPK08583000	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.  
The City of Oklahoma City and all other parties required under a written contract are named as additional insured with respects to liability. Bid #16-802 TAC 1070;

**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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