



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

February 6th, 2023

**APPROVED**

5-23-2023

Copelin Contract LLC  
 116 W Comanche  
 Norman, OK 73069

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. **R23-C223009 for Furniture for City Facilities** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, 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.**

Brad Copelin

PRINTED NAME

Owner

TITLE

*Brad Copelin*  
 AUTHORIZED SIGNATURE

Copelin Contract LLC

COMPANY NAME

116 W Comanche Street

STREET ADDRESS

Norman OK 73069

CITY, STATE AND ZIP CODE

405-919-8068

BUSINESS TELEPHONE

brad@copelincontract.com

CONTACT E-MAIL



COPEL-2

OP ID: RI

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/05/2023

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).

PRODUCER Steve Owens Insurance Group 3311 W Rock Creek Rd Suite 130 Norman, OK 73072 Steve Owens Insurance Group 405-321-0244	CONTACT NAME: Steve Owens Insurance Group	
	PHONE (A/C, No, Ext): 405-321-0244	FAX (A/C, No): 405-366-8816
	E-MAIL ADDRESS: stephanie@sowensgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers Insurance Company	27998
	INSURER B : AmTrust North America	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED  
Copelin Contract LLC  
PO Box 722341  
Norman, OK 73070

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	ADDITIONAL SUBROGATION WAIVED	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	BIP9R1996062342	02/15/2023	02/15/2024	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 - COMPI/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	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 <input checked="" type="checkbox"/> N/A	SWC1411604	10/05/2022	10/05/2023	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder, as their interests may appear per written contract, is named Additional Insured for General Liability. Contract # R23-C23009

<b>CERTIFICATE HOLDER</b>  The City of Oklahoma City and its Participating Public Trusts 100 N Walker, Ste 200 Oklahoma City, OK 73102	<b>CANCELLATION</b>  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 Steve Owens Insurance Group <i>[Signature]</i>





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

February 6th, 2023

**APPROVED**

5-23-2023

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

Focus Office Furniture LLC  
Focus Workplace Furniture + Design  
412 W Reno Ave  
Oklahoma City, OK 73102

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C223010 for OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, 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.

*Robert Copeland*  
\_\_\_\_\_  
PRINTED NAME  
*Owner LLC*  
\_\_\_\_\_  
TITLE  
*[Signature]*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE  
*Focus Office Furniture LLC*  
\_\_\_\_\_  
COMPANY NAME  
*412 W Reno*  
\_\_\_\_\_  
STREET ADDRESS  
*Oklahoma City OK 73102*  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE  
*405-543-7760*  
\_\_\_\_\_  
BUSINESS TELEPHONE  
*info@focusworksfurniture.com*  
\_\_\_\_\_  
CONTACT E-MAIL

Showroom:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/09/2023

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PRODUCER <b>Sherlock Insurance Group</b> 937 NW 164th St, Suite 3 Edmond, OK 73013 License #: OK # 1001 2010	CONTACT NAME: <b>Chris Poole</b>
	PHONE (A/C, No, Ext): <b>(405)301-8150</b> FAX (A/C, No): <b>(405)395-4042</b>
	E-MAIL ADDRESS: <b>Chris@SherlockGroup.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>The Hartford</b> NAIC # <b>29459</b>
	INSURER B : <b>Main Street America/Grain Dealers</b> <b>22098</b>
	INSURER C : <b>The Hartford</b> <b>11000</b>
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 80233588-522312 REVISION NUMBER: 44

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 type="checkbox"/> OCCUR			38SBARS7488	10/26/2022	10/26/2023	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 OTHER: \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			B1P7963Z	12/20/2022	12/20/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 100000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			38WECAB4HRY	04/26/2023	04/26/2024	<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
A	Physical Damage ACV			38SBARS7488	10/26/2022	10/26/2023	Comp/Collision \$ 1,000
A	Data Breach			38SBARS7488	10/26/2022	10/26/2023	Data Breach C 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
FURNITURE CONTRACT # R24-C223010

CERTIFICATE HOLDER	CANCELLATION
THE CITY OF OKLAHOMA CITY AND ITS PARTICIPATING PUBLIC TRUSTS 100 N WALKER, STE 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 <i>Chris Poole</i> (SCP)

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

February 6th, 2023

L and M Office Furniture  
12424 E 55th Street  
Tulsa, OK 74146

**APPROVED**

5-23-2023

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. **R23-C223011 for OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, 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.**

Jim Stewart  
PRINTED NAME  
Principal  
TITLE  
*[Signature]*  
AUTHORIZED SIGNATURE  
L&M Office Furniture  
COMPANY NAME  
12424 E 55th St  
STREET ADDRESS  
Tulsa, OK. 74146  
CITY, STATE AND ZIP CODE  
918-664-1010  
BUSINESS TELEPHONE  
JIMSQ@L-MOFFICEFURN.COM  
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2023

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.

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<b>PRODUCER</b> <b>BancFirst Insurance Services, Inc.</b> 220 E. 8th St., Suite B Tulsa, OK 74119	<b>CONTACT NAME:</b> Katie Shin <b>PHONE (A/C, No, Ext):</b> (918) 949-6720 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> katie.shin@bancfirst.insurance
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  <b>L &amp; M OFFICE FURNITURE LLC</b> 12424 E 55th St. Tulsa, OK 74146	<b>INSURER A:</b> Phoenix Insurance Co. <b>NAIC #</b> 25623
	<b>INSURER B:</b> Travelers Casualty Insurance Company of America <b>19046</b>
	<b>INSURER C:</b> Travelers Property Casualty Company of America <b>25674</b>
	<b>INSURER D:</b> Farmington Casualty Company <b>41483</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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 <input checked="" type="checkbox"/> Includes: Contractual <input checked="" type="checkbox"/> Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6802P780447	10/1/2022	10/1/2023	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 Installation \$ Included
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			BA2P780503	10/1/2022	10/1/2023	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 \$ 10,000			CUP2P780576	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB2P780564	10/1/2022	10/1/2023	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Contract number: R24-C223011  
The City of Oklahoma City is named as additional insureds as respects General Liability, Auto Liability & Excess Liability as required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Oklahoma City Procurement Services 100 N Walker Avenue Oklahoma City, OK 73102	<b>CANCELLATION</b>  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

February 6th, 2023

Merrifield Office and School Supply Inc  
 530 Boulder Court  
 Norman, OK 73702

**APPROVED**

5-23-2023

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. **R23-C223012 for OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.

Stan Merrifield

PRINTED NAME

Owner

TITLE

Stan Merrifield

AUTHORIZED SIGNATURE

Merrifield Office Supply

COMPANY NAME

202 E. Broadway

STREET ADDRESS

Enid, OK 73701

CITY, STATE AND ZIP CODE

580-233-5921

BUSINESS TELEPHONE

accounting@merrifieldofficeplus.com

CONTACT E-MAIL



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY		NAMED INSURED	
POLICY NUMBER 3968719C2736A		MERRIFIELD OFFICE & SCHOOL SUPPLY INC 202 E BROADWAY ENID, OK 73701	
CARRIER State Farm Mutual Automobile Insurance Company	NAIC CODE 25178	EFFECTIVE DATE: 03/27/2023	

**ADDITIONAL REMARKS**

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

DBA NAMES:  
MERRIFIELD OFFICE PLUS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2023

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<b>PRODUCER</b>  JEFF EATON STATE FARM 1328 N VAN BUREN ST ENID, OK 73703	<b>CONTACT NAME:</b> HALEY LEA <b>PHONE (A/C, No, Ext):</b> 580-237-3403 <b>E-MAIL ADDRESS:</b> FORMS@JEFFEATON.COM	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company		25178
<b>INSURED</b> MERRIFIELD OFFICE & SCHOOL SUPPLY INC. 202 E BROADWAY AVE ENID, OK 73701	<b>INSURER B:</b>	<input type="checkbox"/>
	<b>INSURER C:</b>	<input type="checkbox"/>
	<b>INSURER D:</b>	<input type="checkbox"/>
	<b>INSURER E:</b>	<input type="checkbox"/>
	<b>INSURER F:</b>	<input type="checkbox"/>

**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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<b>N</b>	<b>N</b>	396 8719-C27-36A	03/27/2023	09/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

R24-C223012

**CERTIFICATE HOLDER****CANCELLATION**
 CITY OF OKLAHOMA CITY AND ITS TRUSTS  
 100 N WALKER STE 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/09/2023

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).

PRODUCER	CONTACT NAME: CompSource Mutual Insurance Company	FAX (A/C, No):
	PHONE (A/C, No, Ext): (405) 232-7663 ext. 5102	E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: CompSource Mutual Insurance Company		36188
INSURED  Merrifield Office & School Supply Inc 202 E Broadway Enid, OK 73701	INSURER B:	
	INSURER C:	
	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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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	02764177 22 1	08/01/2022	08/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000.00 E.L. DISEASE - EA EMPLOYEE \$100,000.00 E.L. DISEASE - POLICY LIMIT \$500,000.00

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

Reference: Contract Number R24-C223012

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City and its Trusts 100 N Walker Ste 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 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED:	
POLICY NUMBER 02764177 22 1		Merrifield Office & School Supply Inc 202 E Broadway Enid, OK 73701	
CARRIER CompSource Mutual Insurance Company	NAIC CODE 36188	EFFECTIVE DATE: 03/17/2023	

### ADDITIONAL REMARKS

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

DBA names:  
Merrifield Office Plus



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

February 6th, 2023

Office Interiors LLC  
 204 N Robinson Ave  
 Suite 1900  
 Oklahoma City, OK 73102

**APPROVED**

5-23-2023

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. **R23-C223013 for OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
 Procurement Services

Kirk Whitehead

  X   Yes, I would like to renew  
 per the above mentioned.  
       No, I do not wish to renew.

\_\_\_\_\_  
**PRINTED NAME**  
 Account Executive  
 \_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**  
 Office Interiors, LLC  
 \_\_\_\_\_

\_\_\_\_\_  
**COMPANY NAME**  
 204 N. Robinson Ave, Suite 1900  
 \_\_\_\_\_

\_\_\_\_\_  
**STREET ADDRESS**  
 Oklahoma City, OK 73102  
 \_\_\_\_\_

\_\_\_\_\_  
**CITY, STATE AND ZIP CODE**  
 405-604-9080  
 \_\_\_\_\_

\_\_\_\_\_  
**BUSINESS TELEPHONE**  
 kwhitehead@officeinteriorsok.com  
 \_\_\_\_\_

\_\_\_\_\_  
**CONTACT E-MAIL**

[INTERNAL USE ONLY]

\_\_\_\_\_ **The Contracting Entity  
 chooses not to renew the  
 above contract/pricing  
 agreement.**

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION

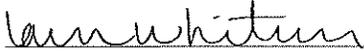
City of Oklahoma City or related Public Trust:

This letter authorizes Kirk Whitehead to sign

Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract

on behalf of Office Interiors, LLC  
Company Name

Sincerely,

  
Signature of Authorized Agent

Principal

Print Title

2/28/2023

Date

Laura Whitehead  
Print Name

Email Address: whitehead@officeinteriorsok.com

Title: (must be checked)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Owner                    | <input type="checkbox"/> Treasurer           |
| <input type="checkbox"/> Chief Executive Officer [CEO]       | <input type="checkbox"/> Corporate Secretary |
| <input type="checkbox"/> Chief Financial Officer [CFO]       | <input type="checkbox"/> Assistant Secretary |
| <input type="checkbox"/> Chief Operating Officer [COO]       | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Chairman or Chairwoman of the Board | <input type="checkbox"/> President           |
| <input type="checkbox"/> Vice-President                      |  |







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

February 6th, 2023

Spaces Inc  
2801 Coltrane Place  
Suite 1  
Edmond, OK 73034

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C223014** for **OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.

**APPROVED**

5-23-2023

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

DON HENKE  
PRINTED NAME  
PRINCIPAL  
TITLE  
*Don Henke*  
AUTHORIZED SIGNATURE  
SPACES, INC.  
COMPANY NAME  
2801 COLTRANE PLACE, SUITE 1  
STREET ADDRESS  
EDMOND OK 73034  
CITY, STATE AND ZIP CODE  
405-216-8800  
BUSINESS TELEPHONE  
DONHENKE@SPACESOK.COM  
CONTACT E-MAIL





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

**APPROVED**

5-23-2023

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

February 6th, 2023

Warren Products Inc  
1233 Sovereign Row  
Suite B1  
Oklahoma City, OK 73108

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C223015** for **OFFICE FURNITURE** for the term **5/29/2023 through 5/28/2024** 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 6th, 2023**. 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*  
Carla Jack, 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.

*William T. Warren, Jr*  
PRINTED NAME  
*PRESIDENT*  
TITLE  
*William T. Warren, Jr*  
AUTHORIZED SIGNATURE  
*WARREN PRODUCTS, INC.*  
COMPANY NAME  
*1233 SOVEREIGN ROW*  
STREET ADDRESS  
*OKLAHOMA CITY, OK 73108*  
CITY, STATE AND ZIP CODE  
*405-947-5676*  
BUSINESS TELEPHONE  
*bwarren@bwop.net*  
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2023

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 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> The Insurance Center Agency, Inc. 5600 N May Ave Ste 300 Oklahoma City OK 73112	<b>CONTACT NAME:</b> Alex Bryan <b>PHONE (A/C No. Ext):</b> (405)843-0793 <b>E-MAIL ADDRESS:</b> alex@ticokc.com	<b>FAX (A/C No):</b> (405)843-3208
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Warren Products, Inc 1233 Sovereign Row Oklahoma City OK 73108-1892	<b>INSURER A:</b> Travelers Insurance Group	
	<b>INSURER B:</b> Grain Dealers Mutual	
	<b>INSURER C:</b> Security National Ins Co	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 22/23 Certificate

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BIP006T351893	7/22/2022	7/22/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		B1P1768G	3/13/2023	3/13/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist combined single	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CUP006T352110	7/22/2022	7/22/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
C	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	SWC1417013	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Contract # R24-C223015

Certificate Holder is named as Additional Insured.

**CERTIFICATE HOLDER**

carla.jack@okc.gov

City of Oklahoma City  
 and its Trusts  
 100 N Walker Ave Ste 200  
 Oklahoma City, OK 73102

**CANCELLATION**

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

Jim Feighny, Jr./AWB

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ACORD 25 (2014/01)

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INS025 (201401)