



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

RENEWAL NO. 2

May 8, 2024

**APPROVED**  
6-4-2024

Fitch and Associates LLC  
PO Box 170  
Platte City, MO 64079

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-C235038 for Fire Station Location and Deployment Study** for the term **6/21/2024 through 6/20/2025** 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 **May 22, 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

SK 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.

Steven Knight, PhD

PRINTED NAME

Partner

TITLE

*Steven Knight*  
AUTHORIZED SIGNATURE

Fitch & Associates, LLC

COMPANY NAME

2901 Williamsburg Terrace, Ste G, PO Box 170

STREET ADDRESS

Platte City, MO 64079

CITY, STATE AND ZIP CODE

816-500-7481

BUSINESS TELEPHONE

[sknight@fitchassoc.com](mailto:sknight@fitchassoc.com)

CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2024

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><br>Alliant Insurance Services, Inc<br>32 Old Slip<br>New York NY 10005               | <b>CONTACT NAME:</b> Mary Busch<br><b>PHONE (A/C, No. Ext):</b><br><b>E-MAIL ADDRESS:</b> Mary.Busch@alliant.com<br><b>FAX (A/C, No):</b>   |
| <b>INSURED</b><br>Fitch & Associates, LLC<br>Emprize Group LLC<br>PO Box 170<br>Platte City MO 64079 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Federal Insurance Company<br><b>INSURER B:</b> Hartford Insurance Group<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|  | <b>NAIC #</b><br>20281<br>914   |

**COVERAGES****CERTIFICATE NUMBER:** 976499180**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                              |          | 3599-68-81    | 2/12/2024               | 2/12/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                       | Y                              |          | 7358-31-42    | 2/12/2024               | 2/12/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                                |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N <input type="checkbox"/> | N / A    | 10WECIO6094   | 2/12/2024               | 2/12/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| A        | Valuable Papers  |                                |          | 3599-68-81    | 2/12/2024               | 2/12/2025               | Limit of Liability \$500,000  |

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

RE: Proposal in response to Contract Entity Fire Station Location and Deployment Study for the Fire Department Request for Proposal RFP23502 ("RFP") The Contracting Entity, including The City of Oklahoma City and its participating public trusts to this Contract/Agreement whether named herein or by reference only, are included as Additional Insured with regards to the General Liability and Auto Liability policies and Loss Payee on the valuable Papers Insurance, where required by written contract or agreement. Coverage is Primary and Non-Contributory as required by written contract subject to the policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City  
200 North Walker Avenue  
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)

5/28/2024

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><br>Alliant Insurance Services, Inc.<br>32 Old Slip<br>New York NY 10005 | <b>CONTACT</b><br><b>NAME:</b> James M. DeLauro<br><b>PHONE</b><br>(A/C, No. Ext):<br><b>E-MAIL</b><br><b>ADDRESS:</b> James.DeLauro@alliant.com | <b>FAX</b><br>(A/C, No): |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>            |
| <b>INSURER A:</b> Arch Specialty Insurance Compa  |  | 21199                    |
| <b>INSURER B:</b> Allied World Surplus Lines Ins  |  | 24319                    |
| <b>INSURER C:</b>   |  |                          |
| <b>INSURER D:</b>   |  |                          |
| <b>INSURER E:</b>   |  |                          |
| <b>INSURER F:</b>   |  |                          |

**COVERAGES** **CERTIFICATE NUMBER:** 1151549507 **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>  |   |          |                      |                         |                         | EACH OCCURRENCE  |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |   |          |                      |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            |
|          |  |   |          |                      |                         |                         | MED EXP (Any one person)   |
|          |  |   |          |                      |                         |                         | PERSONAL & ADV INJURY  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |                      |                         |                         | GENERAL AGGREGATE  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |                      |                         |                         | PRODUCTS - COMP/OP AGG   |
|          | OTHER:   |   |          |                      |                         |                         |  |
|          | <b>AUTOMOBILE LIABILITY</b>  |   |          |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                  |
|          | <input type="checkbox"/> ANY AUTO  |   |          |                      |                         |                         | BODILY INJURY (Per person)   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |   |          |                      |                         |                         | BODILY INJURY (Per accident)   |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |   |          |                      |                         |                         | PROPERTY DAMAGE (Per accident)                                       |
|          |  |   |          |                      |                         |                         |  |
|          | <b>UMBRELLA LIAB</b>   |   |          |                      |                         |                         | EACH OCCURRENCE  |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |   |          |                      |                         |                         | AGGREGATE  |
|          | DED <input type="checkbox"/> RETENTION \$  |   |          |                      |                         |                         |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |          |                      |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A      |                      |                         |                         | E.L. EACH ACCIDENT   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |          |                      |                         |                         | E.L. DISEASE - EA EMPLOYEE   |
|          |  |   |          |                      |                         |                         | E.L. DISEASE - POLICY LIMIT  |
| A        | Cyber Liability  |   |          | C4LPX253129CYBER2024 | 2/12/2024               | 2/12/2025               | Per Claim/Aggregate  |
| B        | Professional Liability   |   |          | 03137106             | 2/12/2024               | 2/12/2025               | Per Claim/Aggregate  |
|          |  |   |          |                      |                         |                         | \$1,000,000  |
|          |  |   |          |                      |                         |                         | \$3,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
ADDITIONAL INSURED: The City of Oklahoma City

## CERTIFICATE HOLDER

## CANCELLATION

The City of Oklahoma City  
200 North Walker Avenue  
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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