



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

April 11th, 2023

Dane and Associates Electric Co Inc  
4721 SW 18th Street  
Oklahoma City, OK 73128

**APPROVED**

6-20-2023

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-C226002 for Sports Field and Large Area Lighting Services** for the term **7/17/2023 through 7/16/2024** 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 **April 23rd, 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) 297-3995, Fax (405) 297-2142 or Email: [monica.hardesty@okc.gov](mailto:monica.hardesty@okc.gov).

Thank you,

*Monica Hardesty*

Monica Hardesty, 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.

*JEFF LEWIS*  
PRINTED NAME

*PRESIDENT / OWNER*  
TITLE

*[Signature]*  
AUTHORIZED SIGNATURE

*DANE + ASSOCIATES ELECTRIC CO. INC.*  
COMPANY NAME

*4721 SW 18TH ST*  
STREET ADDRESS

*OKC, OK 73128*  
CITY, STATE AND ZIP CODE

*405-686-0290*  
BUSINESS TELEPHONE

*JEFF@DANELECTRIC.COM*  
CONTACT E-MAIL



DANE&amp;AS-01

APEER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2023

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 <b>Frates Irwin Risk Management Solutions</b> 103 Dean A McGee Avenue STE 700 Oklahoma City, OK 73102	CONTACT NAME: <b>Allison Peer</b>	
	PHONE (A/C, No, Ext): <b>(405) 290-5721</b> FAX (A/C, No):	
	E-MAIL ADDRESS: <b>Apeer@fratesirwin.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>Emcasco Insurance Company</b>	<b>21407</b>
	INSURER B : <b>Employers Mutual Casualty Company</b>	<b>21415</b>
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED  
**Dane & Associates Electric Co., Inc.**  
4721 SW 18th Street  
Oklahoma City, OK 73128

## 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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	6D3594322	8/1/2022	8/1/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> Electronic Data \$ <b>1,000,000</b>
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	6E35943	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	X		6J35943	8/1/2022	8/1/2023	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
A	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	X	6H3594322	8/1/2022	8/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	Installation			6C3594322	8/1/2022	8/1/2023	Limit \$ <b>1,000,000</b>
A	Equipment Floater			6C3594322	8/1/2022	8/1/2023	Leased/Rented \$ <b>225,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
8/1/22 - 8/1/23 Excess Liability ; Insurance Carrier: Travelers Property Casualty Co of America ; Policy No.: EX6S189526 ; Policy Limits: Aggregate: \$7,000,000; Any One Occurrence \$7,000,000

Contract No.: R24-C226002 - Sports Field and Large Area Lighting Services

The City of Oklahoma City and its Trusts are included as Additional Insureds as required by written contract and per the terms and conditions of the policies.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City and its Trusts  
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