



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

May 20, 2024

AAAA Wrecker Service Inc  
3307 NE 10th Street  
Oklahoma City, OK 73117

Renewal No. 1

**APPROVED**  
6-18-2024

Dear Vendor:

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

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C248013 for Wrecker Services** for the term **July 1, 2024 through June 30, 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 31, 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) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ 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.

*Ronda Townsend*  
PRINTED NAME

*President*

TITLE

*Ronda Townsend*

AUTHORIZED SIGNATURE

*AAAA Wrecker Service, Inc.*

COMPANY NAME

*3307 NE 10th*

STREET ADDRESS

*Oklahoma City, OK 73117*

CITY, STATE AND ZIP CODE

*405-424-4869*

BUSINESS TELEPHONE

*ronda.townsend@aaaawreckerinc.com*

CONTACT E-MAIL



AAAWARE01C

C.COLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2024

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).

PRODUCER <b>INSURICA</b> 10 SW 2nd Street Lawton, OK 73501	CONTACT NAME: <b>Charleigh Cole</b> PHONE (A/C, No, Ext): <b>(580) 355-6595</b> E-MAIL ADDRESS: <b>Charleigh.Cole@INSURICA.com</b> FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A : <b>National Interstate Insurance Co.</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # <b>32620</b>
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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 TO	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YY)	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 <input type="checkbox"/> OTHER	X	TWT000017602	8/20/2023	8/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	TWT000017602	8/20/2023	8/20/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	TXX000017602	8/20/2023	8/20/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garage & Dealers	X	TWT000017602	8/20/2023	8/20/2024	GKLL 150,000
A	Inland Marine	X	TWT000017602	8/20/2023	8/20/2024	On-Hook Coverage 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Contract #C2480103 for Wrecker Services  
City of Oklahoma City and It's Trusts are Included as Additional Insured on liability policies listed above.

## CERTIFICATE HOLDER

## CANCELLATION

THE CITY OF OKLAHOMA CITY AND OTHER CONTRACTING ENTITY  
100 N WALKER AVE  
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



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

May 20, 2024

Car Cab Wrecker Service Inc  
4105 S Eastern Ave  
Oklahoma City, OK 73129

Renewal No. 1

**APPROVED**

6-18-2024

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C248014 for Wrecker Services** for the term **July 1, 2024 through June 30, 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 31, 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) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer



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.

*Todd Reid*

PRINTED NAME

*Vice President*

TITLE

AUTHORIZED SIGNATURE

*Car Cab Wrecker Service*

COMPANY NAME

*4105 S. Eastern*

STREET ADDRESS

*OKC OK 73129*

CITY, STATE AND ZIP CODE

*405 670-6114*

BUSINESS TELEPHONE

*Car Cab Wrecker@gmail.com*

CONTACT E-MAIL



CARCABW-01

JDEATHERAGE

## 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> BancFirst Insurance Services, Inc. 13230 Pawnee Drive, Suite 205 Oklahoma City, OK 73114	<b>CONTACT NAME:</b> Jennifer Deatherage	
	<b>PHONE (A/C, No, Ext):</b> (405) 600-1805 <b>FAX (A/C, No):</b> (405) 948-7346	
	<b>E-MAIL ADDRESS:</b> jennifer.deatherage@bancfirst.insurance	
<b>INSURED</b>  Car Cab Wrecker Service, Inc. Mike Reid 4105 S Eastern Oklahoma City, OK 73129	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> American Guaratee and Liability Insurance Co	26247
	<b>INSURER B:</b> Zurich-American Insurance	16535
	<b>INSURER C:</b> Stonetrust Commercial Insurance Co	11042
	<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 SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	CPO164302801	3/10/2024	3/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	CPO164302801	3/10/2024	3/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 <input type="checkbox"/> N/A	WCV00883892023A	6/1/2023	6/1/2024	<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
A	Garage and Dealers		CPO164302801	3/10/2024	3/10/2025	GKLL 300,000
A	On-Hook		CPO164302801	3/10/2024	3/10/2025	Blanket On-Hook 300,000

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

Bid #24706

City of Oklahoma City and it's Trusts are included as Additional Insured on liability policies listed above.

## CERTIFICATE HOLDER

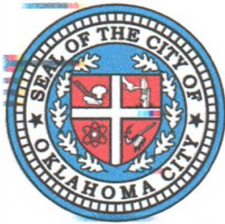
## CANCELLATION

City of Oklahoma City and It's Trust  
100 N Walker Ave, 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





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

May 20, 2024

Farrington Towing LLC  
924 SW 3rd Street  
Oklahoma City, OK 73109

Renewal No. 1

**APPROVED**  
6-18-2024

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C248015A for Wrecker Service** for the term **July 1, 2024 through June 30, 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 31, 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.

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If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ 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.

*Randy Seright*  
PRINTED NAME  
*Owner*  
TITLE  
*Randy Seright*  
AUTHORIZED SIGNATURE  
*Farrington Towing*  
COMPANY NAME  
*924 SW 3rd*  
STREET ADDRESS  
*Oklahoma City*  
CITY, STATE AND ZIP CODE  
*405-239-7586*  
BUSINESS TELEPHONE  
*Randy B* *Farringtontowing.com*  
CONTACT E-MAIL



FARRTOW-01

CSTRAWN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2024

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).

PRODUCER License # 1017969 <b>INSURICA</b> 5100 N. Classen Blvd, #300 Oklahoma City, OK 73118	CONTACT NAME: <b>Jeanette Flores</b>	
	PHONE (A/C, No, Ext): <b>(405) 556-2351</b>	FAX (A/C, No): <b>(405) 556-2332</b>
	E-MAIL ADDRESS: <b>Jeanette.Flores@INSURICA.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>AmGUARD Insurance Company</b>	<b>42390</b>
INSURED  <b>Farrington Towing, LLC</b> <b>924 SW 3rd Street</b> <b>Oklahoma City, OK 73109</b>	INSURER B : <b>CompSource Mutual Insurance Company</b>	<b>36188</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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			K2GP528185	1/14/2024	1/14/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>				
	<input checked="" type="checkbox"/> Garage Repair incld		MED EXP (Any one person) \$ <b>5,000</b>				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
	OTHER:						GENERAL AGGREGATE \$ <b>3,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			K2GP528185	1/14/2024	1/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS	X	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							<b>Garagekeepers</b> \$ <b>150,000</b>
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			03459461	2/1/2024	2/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N	N / A	E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
			E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				

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

Auto includes \$150,000 On-Hook/Cargo Coverage per vehicle with \$1,000 deductible and special cause of loss. Re:C248015

Certificate holder is afforded additional insured status with respects to auto/garagekeepers liability if required by written contract subject to policy terms and conditions.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City and it's Trusts  
700 Colcord Drive  
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