



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

April 10th, 2023

Carpet Store The
1833 South May Avenue
Oklahoma City, OK 73108

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C236004 for Floor Coverings and Install** for the term **7/1/2023 through 6/30/2024** 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.

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.

APPROVED
6-20-2023

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

Danny Benefield

PRINTED NAME

President

TITLE

Danny Benefield

AUTHORIZED SIGNATURE

The Carpet Store

COMPANY NAME

1833 S May Ave

STREET ADDRESS

Oklahoma City, OK 73108

CITY, STATE AND ZIP CODE

405-681-2121

BUSINESS TELEPHONE

info@carpetstoreokc.com

CONTACT E-MAIL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2023

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
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER

PHONE
(A/C, No, Ext): 888-333-4949FAX
(A/C, No): 507-446-4664E-MAIL
ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: FEDERATED MUTUAL INSURANCE COMPANY

13835

INSURER B: FEDERATED SERVICE INSURANCE COMPANY

28304

INSURED
THE CARPET STORE INC.
1833 S MAY AVE
OKLAHOMA CITY, OK 73108-4440

153-839-6

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 47

REVISION NUMBER: 1

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 INSR	SUBR WVC	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B		COMMERCIAL GENERAL LIABILITY			Y	N	6083300	11/01/2022	11/01/2023	EACH OCCURRENCE	\$1,000,000
		<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES <small>(Ea Occurrence)</small>						\$100,000	
	<input checked="" type="checkbox"/>	BUSINESS OWNER'S LIABILITY								MED EXP (Any one person)	
				PERSONAL & ADV INJURY						\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE						\$2,000,000	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC	PRODUCTS & COMP/OP ACC						\$2,000,000	
	OTHER:										
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT <small>(Ea accident)</small>	
	<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 OWNLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE <small>(Per Accident)</small>	
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	N	N	6083301	11/01/2022	11/01/2023	EACH OCCURRENCE	\$1,000,000
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE	AGGREGATE						\$1,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/>	RETENTION								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>(Mandatory in NH)</small> If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N <input type="checkbox"/>	N/A					<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
										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)

CONTRACT #R24-C236004

THE CITY OF OKLAHOMA CITY AND ITS TRUSTS ARE INCLUDED AS ADDITIONAL INSURED ON BUSINESSOWNERS LIABILITY.

CERTIFICATE HOLDER

153-839-6
THE CITY OF OKLAHOMA CITY AND ITS TRUST
100 N WALKER AVE STE 200
OKLAHOMA CITY, OK 73102-2230

47 1

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2023

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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:	
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: CompSource Mutual Insurance Company		36188
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

THE CARPET STORE INC
1833 S MAY AVE
OKLAHOMA CITY, OK 73108-4440

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
	COMMERCIAL GENERAL LIABILITY						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:						
	AUTOMOBILE LIABILITY						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)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	00398194 23 1	04/01/2023	04/01/2024	E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Reference: contract C236004

CERTIFICATE HOLDER

City of Oklahoma City and its Trust
and ITs Trusts
100 N Walker 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

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FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies the insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

CITY OF OKLAHOMA CITY
AND ITS TRUST
100 N WALKER ACE STE 200
OKLAHOMA CITY OK 73102

Relationship to the Named Insured:

ANY COVERAGE PROVIDED BY THIS ENDORSEMENT APPLIES ONLY TO THE
INSTALLATION OF CARPET BY NAMED INSURED FOR CERTHOLDER.

A. The following is added to Paragraph C. Who is an Insured:

4. Any person or organization shown in the Schedule is also an insured, but only with respect to "bodily injury" or "property damage" liability arising out of your ongoing operations performed for that insured or premises owned by or rented to you.

B. This insurance does not apply to "bodily injury" or "property damage" liability arising out of the sole negligence of the additional insured named above.

C. The following exclusion is added to Paragraph B. Exclusions:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Insured:

THE CARPET STORE INC.
1833 S MAY AVE
OKLAHOMA CITY OK 73108

Place of Issue:

FEDERATED SERVICE INSURANCE COMPANY
Home Office
121 East Park Square
Owatonna, MN 55060
(507) 455-5200



Allstate Lienholder Service Center
PO Box 660349
Dallas, TX 75266-0349



THE CARPET STORE
1833 S MAY AVE
OKLAHOMA CITY OK 73108-4440

Effective date of certificate:

January 26, 2023

Page 1 of 2

Policyholder:

**DANNY BENEFIELD, LINDA
BENEFIELD**

3501 WIMBERLEY CREEK DR
YUKON OK 73099-0423

Policy number

810 703 360

Allstate Insurance Company

Northbrook, Illinois, certifies that
the following insurance is in force:

Policy period:

Beginning **January 26, 2023**

through **July 26, 2023**

at 12:01 a.m. standard time

Certificate of Insurance

The person or organization designated below is described in the policy as:

THE CARPET STORE
1833 S MAY AVENUE
OKLAHOMA CITY, OK 73108-4440

☐ **Lienholder**
(Loss Payable Clause)
☒ **Additional Interested Party**

Agent:
FINK FAMILY AGENCY
(405) 751-4865

Coverages designated below are afforded for each described vehicle:

Item	VIN	Limit of liability	Deductible
2015 F250 2WD	1FT7W2A6XFEC52040	BI Each Person \$500,000 Each Occurrence \$500,000 PD Each Occurrence \$500,000	
▪ Collision			\$1,000
▪ Comprehensive			\$1,000
2016 LOAD TRAIL	4ZEGD1424G1108433	BI Each Person PD Each Occurrence	
▪ Collision			
▪ Comprehensive			\$0
2017 CONTINENTAL	1LN6L9RP8H5614780	BI Each Person \$500,000 Each Occurrence \$500,000 PD Each Occurrence \$500,000	
▪ Collision			\$1,000
▪ Comprehensive			\$1,000

See reverse side for provisions concerning Loss Payable Clause and Additional Interested Party.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy referred to above.

Date: 12/22/22

DI696



Allstate Insurance Company

Policy number:

810 703 360

The Loss Payable Clause of such policy provides:

"The company reserves the right to cancel such policy at any time as provided by its terms, but in such case the company shall notify the Lienholder when not less than ten days thereafter such cancellation shall be effective as to the interest of said Lienholder therein and the company shall have the right, on like notice, to cancel this agreement."

The Additional Interest Endorsement of such policy, in part, provides:

"...such insurance as is afforded by the policy" for automobile liability insurance listed on the reverse side hereof applies also to the person or organization named as Additional Interested Party. "As respects such...interest, no cancellation...and no endorsement...adversely affecting such additional interest, shall be effective until ten (10) days following the mailing of written notice (to the person or organization) of such cancellation or endorsement..."