



The City of
OKLAHOMA CITY
UTILITIES DEPARTMENT

February 3, 2022

*rec'd
2-30-22*

Automation Integrated LLC
235 N MacArthur Blvd
Suite 1000
Oklahoma City, OK 73127

Amendment No. 1- Contract Extension

Dear Vendor:

The Contracting Entity and the contracting vendor that holds the Contract/Pricing Agreement No. R22-C201017 for **AMAG - Facilities Security New Equipment and Installation, Software Maintenance, Repair Parts and Services and Police Department Maintenance Agreement** for the term 4/23/2021 through 4/22/2022, have the option to amend the Contract/Professional Service Agreement to extend the term for 120 days, to expire August 20, 2022, 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 1, 2022**. 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.

If you have any questions, please contact me at (405) 297-2614 or Email: Whitney.Broesel@okc.gov

Thank you,

Whitney Broesel, Senior Buyer
Finance Department - Procurement Services

.....

☒ Yes, I agree to the contract renewal and amendment per the above mentioned.

☐ No, I do not agree to amend the contract.

Sign Here

x

Signature of Individual

[Handwritten Signature]

Owner

Title



The City of
OKLAHOMA CITY
UTILITIES DEPARTMENT

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesperson or Manager signs this form, a letter of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Jeff Hoyt

Printed Name of Individual

Automation Integrated, LLC 235 N MacArthur Blvd, Ste 100, OKC, OK 73127

Company Name and Address (Please Print)

Zip Code

405-432-4241

405-506-0661 fax

Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of * Oklahoma)

County of * Oklahoma)

SS.

[*State and County where notarized must be written in.]

Signed and sworn to before me this 30th day of March, 2022 by

Jeff Hoyt

[Printed Name of Individual who signed above]

My Commission Number: 16010335

My Commission Expires: 10-31-2024

Lori Linde

Notary Public Printed Name

Notary Public Signature



APPROVED by Council and signed by the Mayor of the City of Oklahoma City this 26th
day of April, 2022.

ATTEST:

Amy K. Simpson
CITY CLERK



David Holt
MAYOR

REVIEWED for form and legality.

Carol Annett
ASSISTANT MUNICIPAL COUNSELOR



AUTOINT-01

MKISSINGER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2021

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 Rich & Cartmill, Inc. 9401 Cedar Lake Avenue Oklahoma City, OK 73114	CONTACT NAME: MeLette Kissinger PHONE (A/C, No, Ext): (405) 463-7509 E-MAIL ADDRESS: mkissinger@rcins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Valley Forge Ins Co INSURER B: Continental Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 20508 35289
INSURED Automation Integrated LLC 235 N Macurthur Blvd, Ste1000 Oklahoma City, OK 73127		

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Project GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		6020225797	8/14/2021	8/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	6020430293	8/14/2021	8/14/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 No. R20-C191015

As required by written contract subject to policy terms and exclusions,
The City of Oklahoma City and any participating public trust are
additional insured as respects General Liability

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City and Its Trust
Finance/Precurement
100 N Walker, 2nd Floor
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