



The City of
OKLAHOMA CITY
UTILITIES DEPARTMENT
PRICING REDETERMINATION CONCURRENCE

APPROVED BY THE OKLAHOMA CITY
WATER UTILITIES TRUST
AT THEIR MEETING June 7 2022

April 27, 2022

Shannon Chemical Corporation
PO Box 376
Malvern, PA 19355

Dear Daniel Flynn:

The Oklahoma City Water Utilities Trust reviewed your information provided on April 26, 2022 requesting a price increase for multi-year contract number R22-C209003.

The request seems to provide for a permanent adjustment while the cost conditions may be temporary. To further consider this request, it would be best if we could agree to a quarterly review of the conditions impacting the pricing so that there is a potential for the price to return to its preexisting state (or closer to it) should the noted cost impacts be removed or reduced over time.

An economic price adjustment is usually justified by sufficient disclosure of a vendor's related supply production and delivery costs to enable ongoing tracking of the changed conditions by both parties. To what degree can your firm identify cost tracking of the finished polymer product and delivery costs? Please send us information pertaining to this or if you have questions let us know.

Please indicate your concurrence or non-concurrence to this proposal of quarterly cost reviews.

Mark Keese
Administration Specialist
Contracts Administration Section

☒ Yes, I would agree to a quarterly review
of the current pricing agreement.

☐ No, I do not agree to a quarterly
review.

Daniel C. Flynn

PRINTED NAME/TITLE

AUTHORIZED SIGNATURE

Shannon Chemical Corporation

COMPANY NAME

P.O. Box 376

STREET ADDRESS

Malvern, PA 19355

CITY, STATE, AND ZIP CODE

(610) 363-9090

BUSINESS TELEPHONE

dcflynn@shannonchem.com

EMAIL ADDRESS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/31/2022

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 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 SASSA & CONCANNON INSURANCE PO Box 187 Norwood, PA 19074-0187		CONTACT NAME: Ed Dever PHONE (A/C No. Ext): (610) 583-3523 FAX (A/C No.): (610) 583-3406 E-MAIL ADDRESS: eddever25@gmail.com		
INSURED Shannon Chemical Corporation PO Box 376 Malvern, PA 19355 610-363-9090		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: Nautilus Insurance Company		17370
		INSURER B: Great Divide Insurance Company		25224
		INSURER C: Aspen Specialty Insurance Company		10717
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	GLP2018247-16	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	OTHER:						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	Y	Y	BAP2018248-16	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	Y	Y	EXAGH9X20	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 9,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 9,000,000
	DED \$ RETENTION \$						
B	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	Y	WCA2026297-12	06/01/2022	06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Site Pollution Liability	Y	Y	SSP2018250-16	06/01/2022	06/01/2023	\$1,000,000 per occurrence \$3,000,000 Aggregate

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

The City of Oklahoma City, OK and the Oklahoma City Utilities Water Trust are named as an additional insured where required by written contract.

CERTIFICATE HOLDER

City of Oklahoma City
Utilities Department and Oklahoma
City Utilities Water Trust (OCUWT)
420 W Main St. Suite 500 -
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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