



The City of
OKLAHOMA CITY
Department of Public Works

APPROVED

6-21-2022

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

May 20, 2022

Andy Farl
Commercial Roof Solutions
4609 South Rockwell, Suite E
Oklahoma City, OK 73179

RE: Project MC-0668, Annual Roofing Contract, City Wide – Contract Renewal

Dear Mr. Farl,

The City of Oklahoma City and Commercial Roof Solutions, have the option of renewing the Contract for MC-0668, annual roofing contract, for the term of July 1, 2022 to June 30, 2023, under the same terms, conditions and provisions as originally awarded, including prices. Please indicate your concurrence or non-concurrence below and return to Greg Little at (at greg.little@okc.gov by May 27, 2022 with a current certificate of insurance. Your concurrence does not guarantee renewal.

☒ Yes, I would like to renew the above mentioned contract.

☐ No, I do not wish to renew the above mentioned contract.


SIGNATURE BY PRESIDENT/ AUTHORIZED REPRESENTATIVE

ANDREW J. FARL
PRINTED NAME OF SIGNATORY

COMMERCIAL ROOF ~~SOLUTIONS~~
COMPANY NAME

4609 S. ROCKWELL AVE SUITE E
STREET ADDRESS

OKC OK 73179
CITY, STATE, ZIP CODE

(405) 818-5700
BUSINESS TELEPHONE

(CITY USE ONLY)

☐ The City of Oklahoma City chooses not to renew the above contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2022

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 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 Insurance Agency of Mid America Inc 10009 S. Penn, Building E P. O. Box 890300 Oklahoma City OK 73189 | CONTACT NAME: Brandy Jones PHONE (A/C, No, Ext): (405) 691-0016 E-MAIL ADDRESS: bjones@midamericainc.com FAX (A/C, No): (405) 691-0415 | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--------|------------|---------------------------|-------|------------|-------------------------|-------|------------|-------------------------------|-------|------------|--------------------------|-------|------------|--|--|------------|--|--|
| INSURED Commercial Roof Solutions, Inc. 4609 S Rockwell Ste E Oklahoma City OK 73179 | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Valley Forge Insurance Co</td><td>20508</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Co</td><td>20443</td></tr><tr><td>INSURER C:</td><td>Continental Insurance Company</td><td>35289</td></tr><tr><td>INSURER D:</td><td>CompSource Mutual Ins Co</td><td>36188</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Valley Forge Insurance Co | 20508 | INSURER B: | Continental Casualty Co | 20443 | INSURER C: | Continental Insurance Company | 35289 | INSURER D: | CompSource Mutual Ins Co | 36188 | INSURER E: | | | INSURER F: | | |
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| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 2022/2023**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 5091753338 | 04/15/2022 | 04/15/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 Pollution Liability \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 5091753355 | 04/15/2022 | 04/15/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| C | <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 | | | 5091753324 | 04/15/2022 | 04/15/2023 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| D | 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 | 0236422722 | 05/01/2022 | 05/01/2023 | <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 |

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

PROJECT: MC-0668 Annual Roofing Contract
Coverage is subject to the insuring agreements, conditions and exclusions in the policy forms.

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City and its beneficiary trusts
420 W Main St.
7th 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

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