



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

February 1, 2022

Aqua Solutions  
PO Box 952  
Newcastle, OK 73065

**APPROVED**

6-21-2022

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R22-C216012 for Chemical Water Treatment for Air Conditioning and Heating Systems** for the term **7/1/2022 through 6/30/2023** 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.

**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) 297-2199, Fax (405) 297-2142 or Email: [billy.bray@okc.gov](mailto:billy.bray@okc.gov).

Thank you,

Billy Bray, 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.**

\_\_\_\_\_  
WJ Tabor  
PRINTED NAME  
\_\_\_\_\_  
VP  
TITLE  
\_\_\_\_\_  
*WJ Tabor*  
AUTHORIZED SIGNATURE  
\_\_\_\_\_  
Aqua Solutions  
COMPANY NAME  
\_\_\_\_\_  
PO Box 952  
STREET ADDRESS  
\_\_\_\_\_  
Newcastle, OK 73065  
CITY, STATE AND ZIP CODE  
\_\_\_\_\_  
405-990-8267  
BUSINESS TELEPHONE  
\_\_\_\_\_  
wtabor@aquasolutionswc.com  
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2022

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).

|   |  |  |
|---|--|--|
| <b>PRODUCER</b><br><b>WaterColor Management</b><br><b>P.O. Box 1132</b><br><b>Decatur AL 35602-</b>                           |  | <b>CONTACT NAME:</b> <b>Rhonda Flaherty</b><br><b>PHONE (A/C, No, Ext):</b> <b>(256)260-0412</b> <b>FAX (A/C, No):</b> <b>(888)512-1613</b><br><b>E-MAIL ADDRESS:</b> <b>rhonda@watercolormanagement.com</b> |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> <b>Lloyd's of London</b><br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b>                  |
| <b>INSURED</b><br><b>TI LLC</b><br><b>Aqua Solutions Water Consulting</b><br><b>P O BOX 952</b><br><b>Newcastle OK 73065-</b> |  | <b>NAIC #</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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Professional Liab.</b><br><input checked="" type="checkbox"/> <b>Contractual Liab.</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: <b>Pollution Liab</b> | X         | X        | LGL000122-01  | 01/23/2022              | 01/23/2023              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>3,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b><br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          |  |           |          |               |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The City of Oklahoma City and It's Trusts is named as additional insured with regards to General Liability Coverage.**

**CERTIFICATE HOLDER** **CANCELLATION** **AI 027198**

|   |   |
|---|---|
| <b>The City of Oklahoma City and It's Trusts</b><br><b>100 N. Walker, Suite 200</b><br><b>Oklahoma City OK 73102-</b> | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br>   |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2021

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 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><br>INSURICA EXPRESS LLC/PHS<br>38383397<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 |  | <b>CONTACT</b><br><b>NAME:</b><br><b>PHONE</b> (866) 467-8730 <b>FAX</b> (888) 443-6112<br>(A/C, No, Ext): (A/C, No):<br><b>E-MAIL</b><br><b>ADDRESS:</b>   |  |
| <b>INSURED</b><br>TI, LLC. DBA AQUA SOLUTIONS<br>321 CEDER LN<br>TUTTLE OK 73089-8489   |  | <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC#</b><br><b>INSURER A:</b> Hartford Insurance Company of the Midwest 37478<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG                             |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                 |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |
|          | UMBRELLA LIAB EXCESS LIAB<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>if yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 38 WEC ZS8749 | 11/17/2021              | 11/17/2022              | X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE -EA EMPLOYEE \$1,000,000<br>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)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

State Of Oklahoma Office of Management  
 And Enterprise Services  
 2300 N LINCOLN BLVD RM 106  
 OKLAHOMA CITY OK 73105-4801

## 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

*Susan L. Castaneda*

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## SHELTER INSURANCE COMPANIES

AUTOMOBILE  
EVIDENCE OF INSURANCE  
AS OF 05/26/2022

## NAME AND ADDRESS OF NAMED INSURED:

TI LLC  
321 CEDER LN  
TUTTLE, OK 73089-8489

## AGENT:

RICKY DESPAIN  
3750 W MAIN #6C  
NORMAN, OK 73072  
(405) 366-7402  
AGENT NUMBER 35-B569-14

Policy Number: 35-1-10330255-4

Effective Date: 04/01/2022, 12:01 AM Standard Time

Expiration Date: 10/01/2022, 12:01 AM Standard Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE DESCRIBED AUTOMOBILE IS A 2020 FORD F150 PLTNM 4W SPRCRW  
VEHICLE IDENTIFICATION # 1FTEW1E4XLF15213

The limit of the company's liability is stated in the policy and applies as follows:

| COVERAGE | A<br>BODILY INJURY |                  | B<br>PROPERTY<br>DAMAGE | C<br>MEDICAL<br>PAYMENTS | D<br>ACCIDENTAL<br>DEATH | E<br>UNINSURED<br>MOTORISTS |                  | F<br>COLLISION | G<br>COMPREHENSIVE | J<br>REIMBURSEMENT<br>FOR EMERGENCY<br>ROAD SERVICE |
|----------|--------------------|------------------|-------------------------|--------------------------|--------------------------|-----------------------------|------------------|----------------|--------------------|---|
| LIMIT    | EACH<br>PERSON     | EACH<br>ACCIDENT | EACH<br>ACCIDENT        | EACH<br>PERSON           | EACH<br>PERSON           | EACH<br>PERSON              | EACH<br>ACCIDENT | \$1000         | \$1000             | EACH<br>DISABLEMENT                                 |
|          | \$250,000          | \$500,000        | \$250,000               | \$5000                   | \$10000                  | \$0                         | \$0              | DEDUCTIBLE     | DEDUCTIBLE         |   |
| PREMIUM  | X                  |                  |                         | X                        | X                        |                             |                  | X              | X                  |   |

DISCOUNTS REFLECTED IN THE PREMIUM: Multi-Car, Passive Restraint, Safe Driver - 3 Year

PREMIUM \$976.16

ADDITIONAL LISTED INSURED:

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

A-609.6-A Auto Loan/Lease Coverage  
A-725.3-A Rental Reimbursement  
A-663.7-A Supplemental Disability Coverage Endorsement  
A-150-A New Vehicle Replacement Coverage  
A-151.2-A Roadside Assistance - Premium: 0.00  
A-692.3-A Employees - Full Liability Limits Endorsement  
A-144.2-A Amendatory Endorsement - Oklahoma  
A-504.4-A Trusts, Trustees, and Trustors (Settlers)  
S-18-S Mutual Policy Notification

|                 |                |                |
|-----------------|----------------|----------------|
| RATE CLASS T2N  | TERRITORY 017  | TERM 06 MONTHS |
| COST SYMBOL 059 | PACKAGE CODE A | TIER 0700      |

## LOSS PAYEE

FORD MOTOR CREDIT  
PO BOX 390910  
MINNEAPOLIS, MN 55439-0910  
LOAN NO.

*David A. Van Dyke*  
Secretary

*Randa Pawlins*  
President and CEO

A-622-A