



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.

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).

PRODUCER WaterColor Management P.O. Box 1132 Decatur AL 35602-	CONTACT NAME: Rhonda Flaherty
	PHONE (A/C, No, Ext): (256)260-0412 FAX (A/C, No): (888)512-1613 E-MAIL ADDRESS: rhonda@watercolormanagement.com
INSURED TI LLC Aqua Solutions Water Consulting P O BOX 952 Newcastle OK 73065-	INSURER(S) AFFORDING COVERAGE
	INSURER A: Lloyd's of London
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :

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"/> Professional Liab. <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Pollution Liab	X	X	LGL000122-01	01/23/2022	01/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				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)
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
The City of Oklahoma City and It's Trusts 100 N. Walker, Suite 200 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	<i>Donald L. Cleveland</i>



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).

PRODUCER INSURICA EXPRESS LLC/PHS 38383397 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: <div style="text-align: right; margin-top: 10px;"> INSURER(S) AFFORDING COVERAGE NAIC# </div>
INSURED TI, LLC. DBA AQUA SOLUTIONS 321 CEDER LN TUTTLE OK 73089-8489	INSURER A: Hartford Insurance Company of the Midwest 37478 INSURER B: INSURER C: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	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	38 WEC ZS8749	11/17/2021	11/17/2022	<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

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 <div style="text-align: center; margin-top: 10px;"> </div>
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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
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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 # 1FTEW1E4XLFB15213

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

COVERAGE	A BODILY INJURY		B PROPERTY DAMAGE	C MEDICAL PAYMENTS	D ACCIDENTAL DEATH	E UNINSURED MOTORISTS		F COLLISION	G COMPREHENSIVE	J REIMBURSEMENT FOR EMERGENCY ROAD SERVICE
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	EACH PERSON	EACH PERSON	EACH ACCIDENT	\$1000	\$1000	EACH DISABLEMENT
LIMIT	\$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.

Secretary

President and CEO

A-622-A