

Date: January 1, 2021



To: Whom It May Concern

Subject: Authorized Schneider Electric Integrator

Schneider Electric Buildings Business (SEBB) is a global manufacturer and marketer of commercial, industrial and institutional Integrated HVAC Control Systems and Access Control System. Automated Building Systems (ABS) provides factory commissioning and warranty support for the full range of SEBB TAC I/A Series (formally Invensys, Siebe and Barber Coleman) LON & BACnet products as well as EcoStruxure for Building Operation (formerly StruxureWare Building Operation), as well as direct aftermarket services to existing building owners and end-users.

Automated Building Systems must meet stringent company requirements including financial stability, engineering, sales and system support staffing requirements. Additionally, they are required to have their staff attend extensive factory training classes. I am pleased to report that ABS has met or exceeded all our requirements. Because of this level of factory support, ABS is the only authorized service provider to warranty and repair SEBB TAC I/A Series products in your region.

Please feel free to contact me at the telephone number listed below should you have any further questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Jason Estes". The signature is written in a cursive, flowing style.

Jason Estes
Buildings Business, South Regional Sales Manager
469-524-9301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2022

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 Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154	CONTACT NAME: Terri Hestand PHONE (A/C, No, Ext): (405) 843-5678 FAX (A/C, No): (405) 843-5781 E-MAIL ADDRESS: thestand@cpcinsurance.com																					
INSURED Automated Building Systems Inc; ABS, Inc. P.O. Box 23557 Oklahoma City OK 73123	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>National Fire Ins. Hartford</td><td>20478</td></tr><tr><td>INSURER B:</td><td>Valley Forge Ins. Co.</td><td>20508</td></tr><tr><td>INSURER C:</td><td>Continental Casualty Co.</td><td>20443</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Fire Ins. Hartford	20478	INSURER B:	Valley Forge Ins. Co.	20508	INSURER C:	Continental Casualty Co.	20443	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER: 22/23****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 EXCLUSION 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	X		6012314258	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Primary/Non Contributory						MED EXP (Any one person) \$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			6012314230	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		6012314244	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		6012314261	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Limited Pollution			6012314258	4/1/2022	4/1/2023	Each Incident/Aggregate 1 mill/2 mill
A	Installation/Rentd/Lsd-1000ded			6012314258	4/1/2022	4/1/2023	Installation and Rented/Leased Eqp 50,000/100,000

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

Certificate Holder is listed as Additional Insured in respects to General Liability. All forms apply for the work of the insured when required with a Written Contract, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER

(405) 297-2142

The City of Oklahoma City
and its Trusts
100 N. Walker, Suite 200
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

Allen Paine/HESTE

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