



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

**APPROVED**

11-22-2022

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

August 19, 2022

Blackmon Mooring of Oklahoma City, LLC  
1101 Enterprise Avenue, Bay 12  
Oklahoma City, OK 73128

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226034 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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.**

Mark T. Dugan  
**PRINTED NAME**  
Western Region Vice President  
**TITLE**  
  
**AUTHORIZED SIGNATURE**  
Blackmon Mooring of Oklahoma City, LLC  
**COMPANY NAME**  
1101 Enterprise Avenue, Bay 12  
**STREET ADDRESS**  
Oklahoma City, OK 73128  
**CITY, STATE AND ZIP CODE**  
405.730.1948  
**BUSINESS TELEPHONE**  
zrunnels@bmsmanagement.com  
**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/27/2022

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 LIC #1128961 1-214-346-4155 Higginbotham Insurance Agency, Inc.  15660 N. Dallas Parkway, Suite 700  Dallas, TX 75248		CONTACT NAME: Michelle Saucedo PHONE (A/C, No. Ext): 214-346-4163 FAX (A/C, No): 972-233-9769 E-MAIL ADDRESS: msaucedo@higginbotham.net															
INSURED Blackmon Mooring of Oklahoma City, LLC  1101 Enterprises Ave., 12  Oklahoma City, OK 73128		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: TWIN CITY FIRE INS CO CO</td> <td>29459</td> </tr> <tr> <td>INSURER B: HARTFORD FIRE IN CO</td> <td>19682</td> </tr> <tr> <td>INSURER C: HARTFORD UNDERWRITERS INS CO</td> <td>30104</td> </tr> <tr> <td>INSURER D: AIG Specialty INS CO</td> <td>26883</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: TWIN CITY FIRE INS CO CO	29459	INSURER B: HARTFORD FIRE IN CO	19682	INSURER C: HARTFORD UNDERWRITERS INS CO	30104	INSURER D: AIG Specialty INS CO	26883	INSURER E:		INSURER F:	
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## COVERAGES

CERTIFICATE NUMBER: 66923884

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 SUBR INSD 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"/> BI/PD Ded \$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		46ECSS48803	11/01/22	11/01/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		46CSES48806	11/01/22	11/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		46HUON1130	11/01/22	11/01/23	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 <b>SEE ATTACHED PAGE</b> \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	46WNS48800	11/01/22	11/01/23	<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
D	Contractors Pollution Liability		CP013012655	11/01/22	11/01/23	Each Claim 10,000,000 Deductible 50,000

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 are included as Additional Insured on the General, Auto and Umbrella Policies if required by written contract or agreement subject to the policy terms and conditions.  
 A Waiver of Subrogation is provided in favor of The City of Oklahoma City and It's Trusts on the General, Auto and Workers Compensation Policies if required by written contract or agreement subject to the policy terms and conditions.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City  100 N Walker Suite 200 Oklahoma City, OK 73102  USA	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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ACORD 25 (2014/01)

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MSaucedo  
66923884

# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE

10/27/2022

NAME OF INSURED: Blackmon Mooring of Oklahoma City, LLC

# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
10/18/2022

NAME OF INSURED: Blackmon Mooring of Oklahoma City, LLC

Excess Umbrella Liability: Policy MKLM4EUE101064; Effective Dates: 11/01/2022 to 11/01/2023; Writing Company: Markel American Insurance Company; Limits: \$5,000,000 Each Occurrence; \$5,000,000 Aggregate. (Total of \$10,000,000 Each Occurrence; \$10,000,000 Aggregate with Umbrella Policy 46HUON1130)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
ANY PERSON OR ORGANIZATION WHERE REQUIRED BY WRITTEN CONTRACT.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
ANY PERSON OR ORGANIZATION WHERE REQUIRED BY WRITTEN CONTRACT.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AMENDMENT OF OTHER INSURANCE CONDITION - PRIMARY OR PRIMARY AND NON-CONTRIBUTORY WHEN REQUIRED BY CONTRACT**

This endorsement modifies insurance provided under the following:

COVERAGE COMMERCIAL GENERAL LIABILITY COVERAGE PART (EXCESS)  
COMMERCIAL GENERAL LIABILITY COVERAGE PART (EXCESS – BROAD FORM)

With respect to other insurance available to any person or organization who is an additional insured under this Coverage Part, the following is added to Paragraph 4., **Other Insurance** of **Section IV – Commercial General Liability Conditions**:

#### **4. Other Insurance**

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

##### **a. Primary Insurance When Required By Contract**

If you have agreed in a written contract, written agreement or permit that this insurance be primary, then subject to the "self-insured retention", this insurance is primary except when Paragraph **c.** below applies. If other insurance is also primary, we will share with all that other insurance by the method described in Paragraph **d.** below.

##### **b. Primary And Non-Contributory To Other Insurance When Required By Contract**

If you have agreed in a written contract, written agreement, or permit that this insurance is primary and non-contributory with the additional insured's own insurance, then subject to the "self-insured retention", this insurance is primary except when Paragraph **c.** below applies and we will not seek contribution from that other insurance.

Paragraphs **a.** and **b.** do not apply to other insurance to which the additional insured has been added as an additional insured.

#### **c. Excess Insurance**

- (1)** This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:

##### **(a) Your Work**

That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

##### **(b) Aircraft, Auto Or Watercraft**

If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of Section **I** – Coverage **A** – Bodily Injury And Property Damage Liability; or

##### **(c) Property Damage to Borrowed Equipment Or Use Of Elevators**

If the loss arises out of "property damage" to borrowed equipment or the use of elevators to the extent not subject to Exclusion **j.** of Section **I** – Coverage **A** – Bodily Injury And Property Damage Liability.

- (2)** When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (a)** The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (b)** The total of all deductible and self-insured amounts under all that other insurance.



- (3) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**d. Method Of Sharing**

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Any person or organization from whom you are required by written contract or agreement to obtain this waiver of rights from us.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

This policy is subject to the following additional Conditions:

If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

#### **1. BROAD FORM INSURED**

##### **A. Subsidiaries and Newly Acquired or Formed Organizations**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership or joint venture,
  - (b) That is an "insured" under any other policy,
  - (c) That has exhausted its Limit of Insurance under any other policy, or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

##### **B. Employees as Insureds**

Paragraph A.1. - WHO IS AN INSURED - of SECTION II - LIABILITY COVERAGE is amended to add:

- d. Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

##### **C. Lessors as Insureds**

Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor and
  - (2) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

##### **D. Additional Insured if Required by Contract**

- (1) Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:
  - f. When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (1) During the policy period, and
- (2) Subsequent to the execution of such written contract, and
- (3) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- (b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - OF SECTION IV - BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

**E. Primary and Non-Contributory if Required by Contract**

Only with respect to insurance provided to an additional insured in 1.D. - Additional Insured If Required by Contract, the following provisions apply:

(3) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(4) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (3) and (4) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in Other Insurance 5.d.

**2. AUTOS RENTED BY EMPLOYEES**

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The OTHER INSURANCE Condition is amended by adding the following:

If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

### **3. AMENDED FELLOW EMPLOYEE EXCLUSION**

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

### **4. HIRED AUTO PHYSICAL DAMAGE COVERAGE**

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

- (1) \$100,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

### **5. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE**

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day and a maximum limit of \$1,000.

### **6. LOAN/LEASE GAP COVERAGE**

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

### **7. AIRBAG COVERAGE**

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

### **8. ELECTRONIC EQUIPMENT - BROADENED COVERAGE**

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto";
- (2) Removable from a housing unit which is permanently installed in or upon the covered "auto";
- (3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or

- (4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III – Version CA 00 01 03 10 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C.2 and Version CA 00 01 10 01 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C are each amended to add the following:

\$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
- (2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
- (3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or \$250, whichever deductible is less.

#### **9. EXTRA EXPENSE - BROADENED COVERAGE**

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

#### **10. GLASS REPAIR - WAIVER OF DEDUCTIBLE**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### **11. TWO OR MORE DEDUCTIBLES**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

- (1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;
- (2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

#### **12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership;
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

#### **13. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

#### **14. HIRED AUTO - COVERAGE TERRITORY**

Paragraph e. of GENERAL CONDITIONS 7. - POLICY PERIOD, COVERAGE TERRITORY - of SECTION IV - BUSINESS AUTO CONDITIONS is replaced by the following:

e. For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

#### **15. WAIVER OF SUBROGATION**

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS is amended by adding the following:



We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

#### **16. RESULTANT MENTAL ANGUISH COVERAGE**

The definition of "bodily injury" in SECTION V-DEFINITIONS is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

#### **17. EXTENDED CANCELLATION CONDITION**

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

#### **18. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE**

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

- a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of \$2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,
- b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"

- c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is \$10,000.

For the purposes of the coverage provision,

- a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.
- b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

#### **19. VEHICLE WRAP COVERAGE**

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to \$1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is \$5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

This policy is subject to the following additional Conditions:

If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s)

on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF OUR RIGHT TO RECOVER  
FROM OTHERS ENDORSEMENT**

**Policy Number:** 46 WN S48800

**Endorsement Number:** 37

**Effective Date:** 11/01/2022 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** BMS HOLDINGS I LP  
5718 AIRPORT FREEWAY  
HALTOM CITY, TX 76117

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER FROM US.

Countersigned by \_\_\_\_\_

*Suean L. Castaneda*

Authorized Representative



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

**Policy Number:** 46 WN S48800

**Endorsement Number:** 7

**Effective Date:** 11/01/2022 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:**  
BMS HOLDINGS I LP  
5718 AIRPORT FREEWAY  
HALTOM CITY, TX 76117

If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.



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

**APPROVED**

11-22-2022

BY THE CITY COUNCIL  
*Angie M. Simpson* CITY CLERK

August 19, 2022

DKI Restoration LLC  
DKI Commercial Solutions  
25 Northwest Point Blvd  
Elk Grove Village, IL 60007

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226035 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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.**

Katherine C. Helzer

**PRINTED NAME**

Chief Legal Officer, CAO, and Secretary of DKI Ventures, LLC, its Manager

**TITLE**

**AUTHORIZED SIGNATURE**

DKI Restoration, LLC d/b/a DKI Commercial Solutions

**COMPANY NAME**

1720 W. Division Street, Ste. 48

**STREET ADDRESS**

Chicago, IL 60622

**CITY, STATE AND ZIP CODE**

630-521-4272

**BUSINESS TELEPHONE**

khelzer@dkiservices.com

**CONTACT E-MAIL**


## LETTER OF AUTHORIZATION

**THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION**

City of Oklahoma City or related Public Trust:

This letter authorizes Katherine C. Helzer to sign  
Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract  
on behalf of DKI Restoration, LLC d/b/a DKI Commercial Solutions.  
Company Name

Sincerely,

 _____ Signature of Authorized Agent	<u>President and CEO</u> _____ Print Title	<u>11/04/2022</u> _____ Date
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Joseph V. Sorce  
\_\_\_\_\_  
Print Name

Email Address: jsorce@dkiservices.com

Title: (must be checked)

- |   |  |
|---|--|
| <input type="checkbox"/> Owner                                    | <input type="checkbox"/> Treasurer           |
| <input checked="" type="checkbox"/> Chief Executive Officer [CEO] | <input type="checkbox"/> Corporate Secretary |
| <input type="checkbox"/> Chief Financial Officer [CFO]            | <input type="checkbox"/> Assistant Secretary |
| <input type="checkbox"/> Chief Operating Officer [COO]            | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Chairman or Chairman of the Board        | <input type="checkbox"/> President           |
| <input type="checkbox"/> Vice-President                           |  |

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/18/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh &amp; McLennan Agency LLC</b> <b>1610 S Church Street</b> <b>Suite A</b> <b>Murfreesboro, TN 37130</b>		<b>CONTACT NAME:</b> <b>Ami Gardner</b> <b>PHONE (A/C, No, Ext):</b> <b>615-869-1487</b> <b>FAX (A/C, No):</b> <b>866-597-2133</b> <b>E-MAIL ADDRESS:</b> <b>Ami.Gardner@MarshMMA.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
		<b>INSURER A : Capitol Specialty Insurance Corporation</b> <b>10328</b>	
		<b>INSURER B : The Cincinnati Indemnity Company</b> <b>23280</b>	
		<b>INSURER C : The Cincinnati Insurance Company</b> <b>10677</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<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.

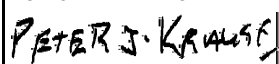
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>	<b>X</b>	<b>EV2020061002</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> <b>Poll/Prof</b> <b>\$See Remarks</b>
<b>C</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>	<b>X</b>	<b>EBA0622811</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>EX2020061103</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	EACH OCCURRENCE <b>\$10,000,000</b> AGGREGATE <b>\$10,000,000</b> <b>\$Follows Form</b>
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>X</b>	<b>EW043263506</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>A</b>	<b>Pollution Liab</b>			<b>EV2020061002</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	<b>Per Occur \$1,000,000</b>
<b>A</b>	<b>Profess Liab</b>			<b>EV2020061002</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	<b>Per Claim \$1,000,000</b>
<b>C</b>	<b>Crime</b>			<b>EMP0432578</b>	<b>07/18/2022</b>	<b>07/18/2023</b>	<b>1,000,000</b>

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

**Name Insured Includes:** **DKI Ventures, LLC, DKI Services LLC, DKI Restoration LLC dba DKI Commercial Solutions LLC, DKI Consultants LLC dba G2 Consultants and Healthy Home Inspection Services**

**\*\*Excess Umbrella follows form over General Liability, Pollution Liability, Professional Liability, Auto Liability and Employers Liability.**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  <b>City of Oklahoma City</b> <b>100 N Walker</b> <b>Suite 200</b> <b>Oklahoma City, OK 73102</b>	<b>CANCELLATION</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>AUTHORIZED REPRESENTATIVE</b> 
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## DESCRIPTIONS (Continued from Page 1)

The City of Oklahoma City and It's Trusts are included as additional insured when required by written contract, permit or agreement and subject to the provisions and limitations of the policy.



## **EXHIBIT A**

### **Rate Schedules and Specifications**

Pricing and Rate Schedules for all Emergency Restoration Services are listed in the attached DKI Commercial Solutions Price List Terms & Conditions (hereafter, the “Rate Schedule”).

For any and all Reconstruction Services, DKICS will utilize the appropriate Xactimate pricing table assigned to the zip code associated with the address of the Project location.

The attached Rate Schedule is confidential and proprietary to DKICS and may not be used by Customer for any purpose other than in connection with DKICS’s performance, or potential performance, of Services under the Agreement. Customer shall safeguard this version of the Rate Schedule, and any further versions thereof that DKICS may share with or publish to Customer from time to time, from unauthorized use, access, or disclosure, using at least the degree of care Customer uses to protect its own similarly sensitive information and in no event less than a reasonable degree of care. Customer may not disclose the Rate Schedule or any portion thereof without the prior written consent of DKICS.





## **PRICE LIST TERMS & CONDITIONS**

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DKI Commercial Solutions, LLC  
25 Northwest Point Blvd., Suite 1000  
Elk Grove Village, IL 60007

**24 HOUR HOTLINE: 866.277.2977**  
**[www.dkicommercial.com](http://www.dkicommercial.com)**

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This Rate Schedule remains the property of DKI Commercial Solutions. It may be legally privileged and is considered confidential information. It is intended to be viewed by the Customer and/or the Customer's insurance company and insurance adjuster only. This Rate Schedule may not be reproduced, copied, or distributed without prior written consent of DKI Commercial Solutions. Furthermore, DKI Commercial Solutions directly demands that this Rate Schedule or any part of this document remain confidential.



## Standard: Section (1) Labor Classification - Hourly

Proposed Rate Increase: 5.0%

Labor Type	Name	Rate/Hour
Project Management	Project Coordinator	\$153.00
Project Management	Senior Project Manager	\$136.00
Project Management	Project Estimator	\$109.00
Project Management	Project Manager	\$104.00
Project Management	Health & Safety Officer	\$104.00
Project Management	Assistant Project Manager	\$76.00
Project Management	Project Accountant	\$93.00
Project Management	Project Clerk	\$65.00
Project Management	Project Admin	\$41.00
Project Management	DKI Consultant	\$103.00
Restoration Labor	Restoration Supervisor	\$65.00
Restoration Labor	Restoration Technician	\$55.00
General Labor	General Labor	\$35.00
Technical & Environmental Labor (Mold, Dehumidification, Electronics, BBP, Hazmat, Asbestos, Document, CDL	Remediation Technician	\$71.00
Technical & Environmental Labor (Mold, Dehumidification, Electronics, BBP, Hazmat, Asbestos, Document, CDL	Drying/Dehumidification Technician	\$82.00
Technical & Environmental Labor (Mold, Dehumidification, Electronics, BBP, Hazmat, Asbestos, Document, CDL	Remediation Supervisor	\$93.00
Technical & Environmental Labor (Mold, Dehumidification, Electronics, BBP, Hazmat, Asbestos, Document, CDL	Blood Borne Pathogen Technician	\$136.00
Technical & Environmental Labor (Mold, Dehumidification, Electronics, BBP, Hazmat, Asbestos, Document, CDL	CDL / Equipment Operator/Fuel Technician	\$93.00
Reconstruction Labor	Carpenter	\$93.00
Reconstruction Labor	Drywall Installer/Finisher	\$93.00
Reconstruction Labor	Painter	\$93.00
Reconstruction Labor	Commercial Trade Supervisor	\$104.00



## LABOR

These rates apply to personnel engaged to fulfill the terms of the Agreement to which this DKI Commercial Solutions Price List Terms and Conditions ("Rate Schedule") is attached, whether regular full-time employees of Service Provider, subcontractors, or temporary hires directly by Service Provider. These are the classifications that may apply during the course of a Project. However, it should be noted that not every position will be required on every job. Appropriate staff levels will be determined for each individual job.

## OTHER LABOR PROVISIONS

- 1 Labor Hours:** All labor hours reflect portal to portal. Standard Business hours shall be defined as hours worked from 7am-5pm Monday-Friday. Overtime hours shall be defined as hours worked from 5pm-7am Monday-Friday, and any hours worked on Saturday and Sunday. Overtime rate will be billed at 1.5 (one and one half) times the applicable hourly rate listed on this Rate Schedule. In the event the DKICS Service Provider(s) are required to pay double time for any work performed by all classifications, pursuant to state or federal law or to the terms of a collective bargaining agreement, the rate for such labor hours shall be 2.0 (two) times the applicable hourly rates listed on this Rate Schedule. Holidays are charged at 2.0 (two) times the Rate Schedule amounts. Labor final total will include a 20% (twenty percent) markup to the subtotal in Healthcare facilities that require special accreditation (ICRA, ASHRAE, etc.). This will be applied only to personnel with proper certifications/accreditation.
- 2 Labor Hour:** The following states and municipalities may have a multiplier of 1.5 (one and one half) – 2.0 (two) applied to all hourly rates: Hawaii; Alaska; Los Angeles, California; San Francisco, California; Chicago, Illinois; Washington, D.C.; and locations in New York, New Jersey, Connecticut, and Pennsylvania within a 100-mile radius of Manhattan. Work performed in Canada will be subject to increased local labor rates and appropriate tax for services rendered.
- 3 Union Labor Rates:** If union labor is needed/requested, labor rates will be itemized within the estimate.
- 4 Restocking, Disinfection /Sterilization:** Any and all labor time spent with restocking or disinfection/sterilization will reflect within the
- 5 Stand-By Charges:** When circumstances beyond our control require the DKICS Service Provider(s) to stand- by, a minimum charge of six (6) hours at applicable rate charges shall be charged. Per diem and lodging shall be charged under the same circumstances.
- 6 Resource Management Fees:** A resource management fee will be charged by the DKICS Service Provider(s) for the management of Customer's labor force or temporary labor force at a rate of three dollars (\$3.00) per hour per man.
- 7 Additional Costs:** An additional cost (i.e., a catastrophe surcharge) equal to 5% (five percent) of the total Project billing will be added to all invoices to capture the significant costs required in the coordinated response to a catastrophic event which are not specifically addressed elsewhere in the Rate Schedule. Examples of these charges would be management, administrative support, warehousing, multiple office coordination, procurement and support.
- 8 Legal Rates:** These rates and provisions are predicated upon general contractor standard wage rates and overtime compensation practices. To the extent the work under the Agreement is subject to federal or state minimum wage and hour laws or collective bargaining agreements which modify general contractor standard rates and practices, adjustments shall be made to the hourly rates and other labor provisions stated above.
- 9 Taxes on Services:** The labor rates listed on this Rate Sheet are exclusive of federal, state, and local taxes that may apply to Services. Where such Taxes on Services are required, they will be itemized for Customer and included in Project billing. If Customer is Tax-Exempt, it must make DKICS and the Service Provider(s) aware of this exemption and provide copies of all such supporting Tax-Exempt status. Any Services Tax liability incurred by DKICS and/or the Service Provider(s) prior to such notification of Tax-Exempt status shall be reimbursed by Customer to the party incurring such Services Tax liability.



## Standard: Section (2) Equipment, (3) Vehicle, (4) Communications, (5) Safety Equipment & (6) Consumables

Proposed Rate Increase: 5.0%

Section	Category	Subcategory	Resource Name	UOM	Proposed
2	a. Equipment	Drying & Dehumidification	Air Scrubber - Guardian	DAY	\$182.00
2	a. Equipment	Drying & Dehumidification	Air Scrubber (1001-1400 CFM)	DAY	\$130.00
2	a. Equipment	Drying & Dehumidification	Air Scrubber (1401-2200 CFM)	DAY	\$140.40
2	a. Equipment	Drying & Dehumidification	Air Scrubber (<1000 CFM)	DAY	\$88.40
2	a. Equipment	Drying & Dehumidification	Borescope (Access to concealed areas)	DAY	\$93.60
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 1000-2000 CFM	DAY	\$930.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 120 CFM	DAY	\$130.00
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 2200-2500 CFM	DAY	\$1,138.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 2800-3500 CFM	DAY	\$1,346.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 325 CFM	DAY	\$260.00
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 4000-5000 CFM	DAY	\$1,554.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 5200-6000 CFM	DAY	\$1,762.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 700 -1000 CFM	DAY	\$468.00
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Desiccant 9000-10000 CFM	DAY	\$2,490.80
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Refrigerant (LGR) X-Large (250 CFM)	DAY	\$135.20
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Refrigerant (LGR) XX-Large (500 CFM)	DAY	\$218.40
2	a. Equipment	Drying & Dehumidification	Dehumidifiers Refrigerant "" (LGR) Large (150 CFM)	DAY	\$109.20
2	a. Equipment	Drying & Dehumidification	Discharge Hose 50 '	DAY	\$26.00
2	a. Equipment	Drying & Dehumidification	Fan - Hurricane 24 "	DAY	\$67.60
2	a. Equipment	Drying & Dehumidification	Fan - Hurricane 36 "	DAY	\$88.40
2	a. Equipment	Drying & Dehumidification	Fan Air Mover	DAY	\$29.12
2	a. Equipment	Drying & Dehumidification	Fan Axial	DAY	\$36.40
2	a. Equipment	Drying & Dehumidification	Hard Flex Duct 14 " 18 " diameter per 25 ' section	DAY	\$27.04
2	a. Equipment	Drying & Dehumidification	Hard Flex Duct 20 " 24 " diameter per 25 ' section	DAY	\$31.20
2	a. Equipment	Drying & Dehumidification	Hard Flex Duct up to 12 " diameter per 25 ' section	DAY	\$26.00
2	a. Equipment	Drying & Dehumidification	Heat Trailer - 150,000-200,000 btu (does not include accessories or fuel)	DAY	\$1,014.00
2	a. Equipment	Drying & Dehumidification	Heat Trailer - 200,000-300,000 btu (does not include accessories or fuel)	DAY	\$1,326.00
2	a. Equipment	Drying & Dehumidification	Heat Trailer - 300,000-450,000 btu (does not include accessories or fuel)	DAY	\$1,554.80
2	a. Equipment	Drying & Dehumidification	Heater, Propane/Torpedo/Mushroom	DAY	\$57.72
2	a. Equipment	Drying & Dehumidification	Injectidry Floor Unit	DAY	\$286.00
2	a. Equipment	Drying & Dehumidification	Injectidry Power Add-On Kit	DAY	\$57.20
2	a. Equipment	Drying & Dehumidification	Injectidry Wall Unit	DAY	\$187.20
2	a. Equipment	Drying & Dehumidification	Insulation Machine	DAY	\$78.00
2	a. Equipment	Drying & Dehumidification	Manometer	DAY	\$85.80
2	a. Equipment	Drying & Dehumidification	Moisture Mapping Kit meters, case, documents	DAY	\$62.40
2	a. Equipment	Drying & Dehumidification	Ozone generator/Odorox Hydroxyl Unit (does not include air mover)	DAY	\$182.00
2	a. Equipment	Drying & Dehumidification	Portable Flood Extractor	DAY	\$130.00
2	a. Equipment	Drying & Dehumidification	Power Washer 2500 - 3000 PSI Hot water (portable)	DAY	\$161.20
2	a. Equipment	Drying & Dehumidification	Power Washer 2500 3000 PSI (portable)	DAY	\$78.00
2	a. Equipment	Drying & Dehumidification	Power Washer 4500 PSI trailer mounted	DAY	\$561.60
2	a. Equipment	Drying & Dehumidification	Pump 1" Electrical	DAY	\$67.60
2	a. Equipment	Drying & Dehumidification	Pump 2" Electrical	DAY	\$88.40
2	a. Equipment	Drying & Dehumidification	Pump 2"-4" Gas	DAY	\$150.80
2	a. Equipment	Drying & Dehumidification	Pump 5"-6" Gas	DAY	\$192.40
2	a. Equipment	Drying & Dehumidification	Pump 7"-8" Gas	DAY	\$306.80
2	a. Equipment	Drying & Dehumidification	Pump 8"+ Gas	DAY	\$390.00
2	a. Equipment	Drying & Dehumidification	Thermal Imaging Camera	DAY	\$187.20
2	a. Equipment	Drying & Dehumidification	Truck-Mounted Extraction Unit	DAY	\$546.00
2	a. Equipment	Drying & Dehumidification	Wall Drying Unit Ducted (Direct-in)	DAY	\$88.40
2	a. Equipment	Drying & Dehumidification	Zipwall® Barrier System , per bag (polyethylene charged separately)	DAY	\$34.32
2	b. Equipment	Generators	240 HR Generator Service Fee	EACH	\$600.00
2	b. Equipment	Generators	Generator < 10kw	DAY	\$380.16
2	b. Equipment	Generators	Generator 1000kw	DAY	\$6,452.16
2	b. Equipment	Generators	Generator 125kw 175kw	DAY	\$1,774.80
2	b. Equipment	Generators	Generator 200kw 225kw	DAY	\$1,931.04
2	b. Equipment	Generators	Generator 250kw	DAY	\$2,346.00
2	b. Equipment	Generators	Generator 25kw	DAY	\$701.76
2	b. Equipment	Generators	Generator 300kw 375kw	DAY	\$1,598.40
2	b. Equipment	Generators	Generator 30kw-48kw	DAY	\$862.92
2	b. Equipment	Generators	Generator 400kw 475kw	DAY	\$2,046.72
2	b. Equipment	Generators	Generator 500kw	DAY	\$3,893.76
2	b. Equipment	Generators	Generator 50kw-75kw	DAY	\$1,188.00



2	b. Equipment	Generators	Generator 750kw	DAY	\$5,376.00
2	b. Equipment	Generators	Generator 80kw 100kw	DAY	\$1,351.08
2	c. Equipment	Electrical	100 Amp Panel/Service Box	DAY	\$104.00
2	c. Equipment	Electrical	200 Amp Panel/Service Box	DAY	\$208.00
2	c. Equipment	Electrical	400 Amp Panel/Service Box	DAY	\$416.00
2	c. Equipment	Electrical	600 Amp Panel/Service Box	DAY	\$624.00
2	c. Equipment	Electrical	Cable, Cam Loc 100 '	DAY	\$56.16
2	c. Equipment	Electrical	Cable, Cam Loc 50 '	DAY	\$31.20
2	c. Equipment	Electrical	Cable, Spider Box 50amp Twist Lock< Cable- 50 '	DAY	\$37.44
2	c. Equipment	Electrical	Cord Ramp	DAY	\$12.48
2	c. Equipment	Electrical	Downline Includes 3 20amp Boxes	DAY	\$85.00
2	c. Equipment	Electrical	Downline Extension Cable 100 '	DAY	\$50.00
2	c. Equipment	Electrical	Downline Extension Cable 50 '	DAY	\$30.00
2	c. Equipment	Electrical	Extension Cord 50 ' (Heavy Duty)	DAY	\$6.24
2	c. Equipment	Electrical	Extension Cord 50 ' (Medium Duty)	DAY	\$2.08
2	c. Equipment	Electrical	Feeder Set 2/0	DAY	\$46.80
2	c. Equipment	Electrical	Feeder Set 4/0	DAY	\$62.40
2	c. Equipment	Electrical	Light Portable Stand	DAY	\$33.28
2	c. Equipment	Electrical	Light Tower	DAY	\$364.00
2	c. Equipment	Electrical	Lights Demolition 50' Standard String	DAY	\$20.80
2	c. Equipment	Electrical	Pig Tail, Cam Lock (Setup To 5)	DAY	\$35.36
2	c. Equipment	Electrical	Power Set 2/0	DAY	\$62.40
2	c. Equipment	Electrical	Power Set 4/0	DAY	\$88.40
2	c. Equipment	Electrical	Quad Box 20 '	DAY	\$67.60
2	c. Equipment	Electrical	Quad Box 30 '	DAY	\$88.40
2	c. Equipment	Electrical	Quad Box String 10 '	DAY	\$46.80
2	c. Equipment	Electrical	Quad Box String Extension Cable 50 '	DAY	\$31.20
2	c. Equipment	Electrical	Spider Box 50 amp	DAY	\$52.00
2	c. Equipment	Electrical	Tool Set Electrical/Electronics/Mechanic	DAY	\$49.92
2	c. Equipment	Electrical	Wobble Light	DAY	\$24.96
2	c. Equipment	Electrical	Work Lights/Tripod	DAY	\$18.72
2	d. Equipment	Miscellaneous	5 Gallon Bucket	EACH	\$6.76
2	d. Equipment	Miscellaneous	Air Compressor	DAY	\$31.20
2	d. Equipment	Miscellaneous	Blasting Unit (soda, dry ice, chem) (consumables charged separately)	DAY	\$676.00
2	d. Equipment	Miscellaneous	Carpet/Upholstery - Portable Cleaning System	DAY	\$156.00
2	d. Equipment	Miscellaneous	Cart Demolition/Cleaning	DAY	\$20.80
2	d. Equipment	Miscellaneous	Chain Saw	DAY	\$36.40
2	d. Equipment	Miscellaneous	Dolly Wheelbarrow	DAY	\$8.11
2	d. Equipment	Miscellaneous	Floor Cleaning System (walk behind)	DAY	\$246.48
2	d. Equipment	Miscellaneous	Floor Scraper - Air - Electric	DAY	\$46.80
2	d. Equipment	Miscellaneous	Fogger Electric	DAY	\$41.60
2	d. Equipment	Miscellaneous	Fogger Gas	DAY	\$156.00
2	d. Equipment	Miscellaneous	KETT Saw	DAY	\$78.00
2	d. Equipment	Miscellaneous	Ladder Step / Extension each, per day (up to 30 ')	DAY	\$15.60
2	d. Equipment	Miscellaneous	Mechanical Gang Box (Heavy tools)	DAY	\$38.48
2	d. Equipment	Miscellaneous	Mop and Handle	EACH	\$16.90
2	d. Equipment	Miscellaneous	Mop Bucket with Wringer	DAY	\$6.24
2	d. Equipment	Miscellaneous	Moving Blanket	EACH	\$4.16
2	d. Equipment	Miscellaneous	Pallet Jack	DAY	\$43.68
2	d. Equipment	Miscellaneous	Pump-up sprayer	DAY	\$12.48
2	d. Equipment	Miscellaneous	Rotary Floor Scrubber	DAY	\$78.00
2	d. Equipment	Miscellaneous	Scaffolding - Large set, per section	DAY	\$58.24
2	d. Equipment	Miscellaneous	Scaffolding - Small set, per section	DAY	\$29.12
2	d. Equipment	Miscellaneous	Scaffolding, Baker	DAY	\$36.40
2	d. Equipment	Miscellaneous	Sprayer Industrial airless each, per day	DAY	\$124.80
2	d. Equipment	Miscellaneous	Steam Cleaner	DAY	\$252.72
2	d. Equipment	Miscellaneous	Tool set Demolition (Standard electrical tools for crew leader)	DAY	\$41.60
2	d. Equipment	Miscellaneous	Trash Containers 30 - 45 gallon each, per day	DAY	\$6.24
2	d. Equipment	Miscellaneous	Ultrasonic Bath, Portable	DAY	\$337.48
2	d. Equipment	Miscellaneous	Vacuum, HEPA - 5 25 gallon	DAY	\$49.92
2	d. Equipment	Miscellaneous	Vacuum, HEPA - back pack	DAY	\$67.60
2	d. Equipment	Miscellaneous	Vacuum, HEPA - 55 gallon	DAY	\$234.00
2	d. Equipment	Miscellaneous	Vacuum, Shop	DAY	\$26.00
2	d. Equipment	Miscellaneous	Vacuum, Upright	DAY	\$15.60
3	a. Vehicles	Owned	Box Truck	DAY	\$171.60
3	a. Vehicles	Owned	Bunkhouse	DAY	\$780.00
3	a. Vehicles	Owned	Car	DAY	\$62.40
3	a. Vehicles	Owned	Fuel Tanker (empty)	DAY	\$374.40
3	a. Vehicles	Owned	Pickup	DAY	\$93.60
3	a. Vehicles	Owned	Reefer Unit	DAY + FUEL	\$561.60



3	a. Vehicles	Owned	RV	DAY	\$572.00
3	a. Vehicles	Owned	Semi-Tractor	DAY	\$354.00
3	a. Vehicles	Owned	Semi-Trailer	DAY	\$368.16
3	a. Vehicles	Owned	Spill Truck	HOURL	\$249.60
3	a. Vehicles	Owned	SUV	DAY	\$104.00
3	a. Vehicles	Owned	Utility Trailer	DAY	\$83.20
3	a. Vehicles	Owned	Van	DAY	\$104.00
3	a. Vehicles	Owned	Vehicle - Mobile Command Unit (MCU)	DAY	\$702.00
3	a. Vehicles	Owned	Water Tanker (empty)	DAY	\$368.16
3	b. Vehicles	Mileage Charge	Box Truck	MI	\$1.31
3	b. Vehicles	Mileage Charge	Car	MI	\$0.69
3	b. Vehicles	Mileage Charge	Fuel/Water/Spill Tanker	MI	\$2.86
3	b. Vehicles	Mileage Charge	Mobile Command Unit	MI	\$2.34
3	b. Vehicles	Mileage Charge	Pickup	MI	\$0.81
3	b. Vehicles	Mileage Charge	RV	MI	\$2.34
3	b. Vehicles	Mileage Charge	Semi-Tractor	MI	\$3.64
3	b. Vehicles	Mileage Charge	SUV	MI	\$0.81
3	b. Vehicles	Mileage Charge	Van	MI	\$1.06
4	Communications	Radio	2 Way Job Site Communications (minimum qty 2)	DAY	\$21.40
5	Safety	Equipment	Fire Extinguisher	DAY	\$18.72
5	Safety	Equipment	First Aid Kit / Safety Station	EACH	\$140.40
5	Safety	Equipment	Gloves Cotton	PAIR	\$2.08
5	Safety	Equipment	Gloves Leather	PAIR	\$6.76
5	Safety	Equipment	Gloves Rubber	PAIR	\$4.68
5	Safety	Equipment	Hard Hat	EACH	\$7.80
5	Safety	Equipment	PAPR Powered Air Purifying Respirator (no filters)	EACH	\$88.40
5	Safety	Equipment	PFP Personal Fall Protection (Harness, 5 ' life line)	EACH	\$43.68
5	Safety	Equipment	PPE Personal Protection Equipment (Hard hat, Goggles, Gloves, Uniforms)	EACH	\$31.20
5	Safety	Equipment	PRP Personal Respiratory Protection (no filters)	EACH	\$36.40
5	Safety	Equipment	Safety Glasses	EACH	\$5.20
5	Safety	Equipment	Shoe Covering/Boots	BOX	\$26.00
6	Consumables & Materials	Blades	Blades - KETT Saw, Tungsten Carbide	EACH	\$54.45
6	Consumables & Materials	Blades	Blades, Demo (Saw, Grinder Wheels, Etc.)	EACH	\$19.80
6	Consumables & Materials	Blades	Saws - All Blade	DOZ	\$19.26
6	Consumables & Materials	Boots	Boots, Chemical Pvc	PER PAIR	\$48.69
6	Consumables & Materials	Boots	Boots/Rubber	PER PAIR	\$19.80
6	Consumables & Materials	Brushes	Brushes, Wire (Large)	EACH	\$7.49
6	Consumables & Materials	Brushes	Brushes, Wire (Small)	EACH	\$5.35
6	Consumables & Materials	Cleaning   Sanitation	Adhesive Remover	CAN	\$7.49
6	Consumables & Materials	Cleaning   Sanitation	All Natural Citrus Solvent Cleaner	GALLON	\$36.38
6	Consumables & Materials	Cleaning   Sanitation	All Purpose Cleaner	GALLON	\$11.24
6	Consumables & Materials	Cleaning   Sanitation	All Purpose Spotter	GALLON	\$24.08
6	Consumables & Materials	Cleaning   Sanitation	Antimicrobial Microban Or Equivalent	GALLON	\$41.20
6	Consumables & Materials	Cleaning   Sanitation	Antimicrobial "Green" Botanical Disinfectant Benefect Or Equivalent RTU	GALLON	\$57.78
6	Consumables & Materials	Cleaning   Sanitation	Bad Air Sponge	EACH	\$16.05
6	Consumables & Materials	Cleaning   Sanitation	Bag - Contractor 3 Mil Trash Bags Heavy Duty 30x60 (50/Roll)	ROLL	\$26.75
6	Consumables & Materials	Cleaning   Sanitation	Bag - Contractor Large 6 Mil Trash Bags Heavy Duty 36x60 (50/Roll)	ROLL	\$101.65
6	Consumables & Materials	Cleaning   Sanitation	Bag - Hepa Vacuum	CS	\$22.47
6	Consumables & Materials	Cleaning   Sanitation	Bags - Insulation Machine	EACH	\$33.17
6	Consumables & Materials	Cleaning   Sanitation	Biocides / Disinfectants	GALLON	\$44.94
6	Consumables & Materials	Cleaning   Sanitation	Carpet Cleaning Solution	GALLON	\$22.53
6	Consumables & Materials	Cleaning   Sanitation	Carpet Deodorizer	GALLON	\$16.05
6	Consumables & Materials	Cleaning   Sanitation	Carpet Rinse & Neutralizer	GALLON	\$19.80
6	Consumables & Materials	Cleaning   Sanitation	Carpet Shield Protection	ROLL	\$87.21
6	Consumables & Materials	Cleaning   Sanitation	Chemical - Anti-Microbial Encapsulate - Foster 40/50™ Or Like	GALLON	\$55.64
6	Consumables & Materials	Cleaning   Sanitation	Chemical - Bleach	GALLON	\$13.21
6	Consumables & Materials	Cleaning   Sanitation	Chemical - Deodorizer	GALLON	\$20.30
6	Consumables & Materials	Cleaning   Sanitation	Chemical - Encapsulate	GALLON	\$56.62
6	Consumables & Materials	Cleaning   Sanitation	Chemical - Glass Cleaner	GALLON	\$12.82
6	Consumables & Materials	Cleaning   Sanitation	Citrus Cleaner	GALLON	\$13.11
6	Consumables & Materials	Cleaning   Sanitation	COC Crystals	GALLON	\$64.20
6	Consumables & Materials	Cleaning   Sanitation	Concentrated Odor Counteractant & Smoke Eliminator	GALLON	\$176.94
6	Consumables & Materials	Cleaning   Sanitation	Corrosion Control Oil	GALLON	\$51.36
6	Consumables & Materials	Cleaning   Sanitation	Cotton Cleaning Towels (Per Pound)	POUND	\$14.98
6	Consumables & Materials	Cleaning   Sanitation	Degreaser / Cleaner	GALLON	\$49.76
6	Consumables & Materials	Cleaning   Sanitation	Deodorizer (5 Gallons)	EACH	\$72.76
6	Consumables & Materials	Cleaning   Sanitation	Encapsulate, Antifungal	GALLON	\$87.74
6	Consumables & Materials	Cleaning   Sanitation	Fogging Solution	GALLON	\$80.25
6	Consumables & Materials	Cleaning   Sanitation	Mop Heads	EACH	\$6.42
6	Consumables & Materials	Cleaning   Sanitation	Odor Neutralizer Block	EACH	\$6.42



6	Consumables & Materials	Cleaning   Sanitation	Paper Towels	CASE	\$51.68
6	Consumables & Materials	Cleaning   Sanitation	Rags	BOX	\$51.36
6	Consumables & Materials	Cleaning   Sanitation	Sponge, Particulate Removal (1.5"x3"x6")	EACH	\$4.28
6	Consumables & Materials	Cleaning   Sanitation	Sponge, Particulate Removal (3/4"x3"x6")	EACH	\$2.14
6	Consumables & Materials	Cleaning   Sanitation	Towels, Disposable Heavy Duty	CASE	\$37.45
6	Consumables & Materials	Filter	Filter - 12x12x1 Pleated	EACH	\$9.36
6	Consumables & Materials	Filter	Filter - 12x20x1 Pleated	EACH	\$12.57
6	Consumables & Materials	Filter	Filter - 16x20x2 Pleated	EACH	\$13.64
6	Consumables & Materials	Filter	Filter - 20x20x2 Pleated	EACH	\$14.71
6	Consumables & Materials	Filter	Filter - 8x10x1 Pleated	EACH	\$9.10
6	Consumables & Materials	Filter	Filter - Charcoal, Air Scrubber	EACH	\$34.78
6	Consumables & Materials	Filter	Filter 24x24x2 Pleated	EACH	\$15.78
6	Consumables & Materials	Filter	Filter HEPA (Scrubber / Vacuum)	EACH	\$310.30
6	Consumables & Materials	Filter	Filter HEPA Charcoal (Scrubber)	EACH	\$124.55
6	Consumables & Materials	Filter	Filter HEPA Scrubber NAM Primary	EACH	\$13.16
6	Consumables & Materials	Filter	Filter HEPA Scrubber NAM Secondary	EACH	\$13.16
6	Consumables & Materials	Filter	Filter Refrigerant DH Primary	EACH	\$8.56
6	Consumables & Materials	Filter	Filter Refrigerant DH Secondary	EACH	\$18.94
6	Consumables & Materials	Flooring	Fiberboard Flooring	ROLL	\$92.45
6	Consumables & Materials	Flooring	Floor Buffer Pad	EACH	\$13.38
6	Consumables & Materials	Flooring	Floor Dry (40#)	BAG	\$16.59
6	Consumables & Materials	Flooring	Furniture Blocks	BOX	\$92.02
6	Consumables & Materials	Lumber	Board-up bolts incl. washers and nuts, per set of 4 each	SET	\$9.90
6	Consumables & Materials	Lumber	Lumber - 1x4x8	EACH	\$6.69
6	Consumables & Materials	Lumber	Lumber - 2x4x8	EACH	\$9.73
6	Consumables & Materials	Lumber	Lumber - Plywood	EACH	\$34.78
6	Consumables & Materials	Miscellaneous	Cable Ties - Pack of 50	PACK	\$28.31
6	Consumables & Materials	Miscellaneous	Ceiling Poly Clips	EACH	\$6.42
6	Consumables & Materials	Miscellaneous	Drum Liners	EACH	\$21.40
6	Consumables & Materials	Miscellaneous	Duct, Lay Flat (500') with hog, rings	ROLL	\$500.23
6	Consumables & Materials	Miscellaneous	Lock Box	EACH	\$48.69
6	Consumables & Materials	Miscellaneous	Soda, Soda Blaster Material	BAG	\$37.45
6	Consumables & Materials	Miscellaneous	Spray Insulation Foam	CAN	\$0.00
6	Consumables & Materials	Miscellaneous	Tarps	SF	\$0.48
6	Consumables & Materials	Miscellaneous	Walk Off Mats Per Pad of 30 Sheets	PAD	\$58.85
6	Consumables & Materials	Packing	Packing Boxes Book	BOX	\$1.61
6	Consumables & Materials	Packing	Packing Boxes Dish Pack	BOX	\$5.83
6	Consumables & Materials	Packing	Packing Boxes File	BOX	\$4.98
6	Consumables & Materials	Packing	Packing Boxes Large	BOX	\$3.21
6	Consumables & Materials	Packing	Packing Boxes Medium	BOX	\$2.51
6	Consumables & Materials	Packing	Packing Boxes Mirror	BOX	\$4.55
6	Consumables & Materials	Packing	Packing Boxes Small	BOX	\$1.82
6	Consumables & Materials	Packing	Packing Boxes Wardrobe	BOX	\$12.79
6	Consumables & Materials	Packing	Packing Bubble Wrap (1/2 x12 by 125)	ROLL	\$29.96
6	Consumables & Materials	Packing	Packing Packing Peanuts	PER CU. FT	\$8.51
6	Consumables & Materials	Packing	Packing Paper	PACK	\$10.65
6	Consumables & Materials	Packing	Packing Labels	EACH	\$0.96
6	Consumables & Materials	Packing	Paper Sheeting 36x24	BOX	\$149.80
6	Consumables & Materials	Packing	Peel & Stick Zipper	EACH	\$17.12
6	Consumables & Materials	Packing	Red Resin Paper (200 ft roll)	ROLL	\$26.22
6	Consumables & Materials	Packing	Shrink Wrap	ROLL	\$61.63
6	Consumables & Materials	Plastic Sheeting	Plastic Sheeting, 1.5 mil (20x200)	ROLL	\$87.63
6	Consumables & Materials	Plastic Sheeting	Plastic Sheeting, 3.0 mil (20x100)	ROLL	\$87.63
6	Consumables & Materials	Plastic Sheeting	Plastic Sheeting, 4.0 mil (20x100)	ROLL	\$102.99
6	Consumables & Materials	Plastic Sheeting	Plastic Sheeting, 6.0 mil (20x100)	ROLL	\$112.62
6	Consumables & Materials	PPE   Safety	Protective Suites (Polypro Tyvek)	EACH	\$12.84
6	Consumables & Materials	PPE   Safety	Protective Suites (Saranex Chemical)	EACH	\$33.17
6	Consumables & Materials	PPE   Safety	Respirator - Carbon Cartridge	EACH	\$33.71
6	Consumables & Materials	PPE   Safety	Respirator - HEPA Cartridge	EACH	\$26.75
6	Consumables & Materials	PPE   Safety	Respirator - Organic Vapor Cartridge	EACH	\$55.43
6	Consumables & Materials	PPE   Safety	Respirator - PAPR cartridge	EACH	\$26.75
6	Consumables & Materials	PPE   Safety	Respirator, HEPA + Particulate Replacement Filter	EACH	\$38.52
6	Consumables & Materials	Tape	Tape Caution	ROLL	\$19.26
6	Consumables & Materials	Tape	Tape Duct	ROLL	\$9.10
6	Consumables & Materials	Tape	Tape Packing	ROLL	\$5.35
6	Consumables & Materials	Tape	Tape Painters	ROLL	\$9.63





#### ADDITIONAL PROVISIONS

- 1 Equipment Rates:** Above equipment rates shall apply to all equipment regardless of ownership and/or re-rental by Service Providers. The equipment rental period is charged from the date ordered through the date returned regardless of use or when delivered to the Project. In certain events, Generators/Electrical Equipment listed above may require a Pre-Rental Fee (equipment rented prior to loss) and be charged by Service Providers. Environmental Fee(s) and or Rental Protection Fee(s), at a rate not to exceed 18% (eighteen percent), may be applied to the Project. During certain events, all generators will require a minimum of (7) seven-day rental period. Pricing for equipment that is required for a Project but not listed on this Rate Schedule will be quoted separately for Customer in connection with such Project.
- 2 Consumables and Materials:** Pricing for any and all consumables/materials that are required for a Project but not listed on this Rate Schedule will be quoted separately for Customer in connection with such Project.
- 3 Changes in Market Conditions:** When changes in market conditions (including, without limitation, supply chain issues, manufacturing slowdowns, and material shortages) have a reasonably significant impact on the costs of any equipment rentals, consumables, and materials listed on this Rate Schedule, DKICS will notify Customer and quote proposed market condition adjustments to affected pricing in connection with a Project. In such circumstances, DKICS shall provide a reasonable explanation and quantification of the impact of market conditions and need for adjustment.
- 4 Taxes, Permit Costs and Fees:** The rates listed on this Rate Schedule are exclusive of all federal, state, and local taxes, and associated permits or fees. Those Taxes, Permit Costs, and Fees shall be itemized for Customer and included in Project billing. If Customer is Tax-Exempt, it must make DKICS and the Service Provider(s) aware of this exemption and provide copies of all such supporting Tax-Exempt status. Any Tax liability incurred by DKICS and/or the Service Provider(s) prior to such notification of Tax-Exempt status shall be reimbursed by Customer to the party incurring such Tax liability.
- 5 Subcontracted Services, including Freight & Transportation:** Subcontracted Services, with the exception of labor services, are those outside services to be provided within the scope of a Project, and incurred by the Service Provider(s) in their execution of a Project. Pricing for Subcontracted Services (other than labor services) that are required for a Project will be quoted separately for Customer in connection with such Project.
- 6 Lodging & Per Diem:** Service Provider(s) shall be compensated for their costs incurred for lodging. Such costs shall be documented, itemized, and billed to Customer. Meal Per Diem will be \$40.00 (forty dollars) per person per day. Service Provider(s) may provide supplemental food and water when local resources are unavailable, but they will still bill the normal per diem cost of \$40.00 (forty dollars). In certain events, temporary lodging facilities / "man-camps" may be required and pricing for such lodging facilities/"man-camps" shall be quoted separately for Customer in connection with the relevant Project.
- 7 Fuel and Delivery:** Pricing for any equipment requiring fuel (diesel/propane/natural gas/gasoline/etc.) and the delivery of said fuel shall be quoted separately to Customer in connection with the relevant Project.
- 8 Small Tools and Miscellaneous Consumables:** Small tools include, but are not limited to, the following: hammers, screw drivers, pry bars, utility knives and other small hand tools. Miscellaneous consumables include items that are not scheduled on the Rate Schedule and retail for less than \$5.00 (five dollars). Such items include, but are not limited to, the following: razor blades, drill bits, alcohol wipes, moisture meter needles and other miscellaneous consumables necessary to complete the Project. The above-mentioned items will be charged as a one-time fee calculated at a rate of 3% (three percent) of total labor charges billed.

**PRICE CHANGES:** DKICS reserves the right to change prices and add items to this schedule upon written notice.

**Note:** All items are subject to, and intended to comply with, applicable federal, state, and local tax laws.





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

**APPROVED**

11-22-2022

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

August 19, 2022

Mill Ave., Inc.  
Servpro of South Tulsa County  
14690 E Pine Street  
Tulsa, OK 74116

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226036 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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

X ☒ **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.**

Will Kimbrough

**PRINTED NAME**

VP of Operations

**TITLE**

*Will Kimbrough*

**AUTHORIZED SIGNATURE**

SERVPRO of Edmond

**COMPANY NAME**

112 NE 138th

**STREET ADDRESS**

Edmond, OK 73013

**CITY, STATE AND ZIP CODE**

405-330-2095

**BUSINESS TELEPHONE**

[w.kimbrough@servproteamjones.com](mailto:w.kimbrough@servproteamjones.com)

**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2022

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> Commercial Risk Group, Inc. 2720 N Hemlock Ct., Ste. A  Broken Arrow OK 74012	<b>CONTACT NAME:</b> Janet Hamilton <b>PHONE (A/C, No, Ext):</b> (918) 258-6681 <b>E-MAIL ADDRESS:</b> janet@arrow-group.com <b>FAX (A/C, No):</b> (918) 251-7893 <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Benchmark Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 41394
<b>INSURED</b> Mill Ave Inc., DBA: ServPro of South Tulsa County 14690 E. Pine St  Tulsa OK 74116		

**COVERAGES****CERTIFICATE NUMBER:** 22/23 WORK COMP**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	EBIC226614-04	02/01/2022	02/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Workers' Compensation policy includes blanket waiver of subrogation in favor of certificate holder when required by valid written contract with the insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City 100 N Walker, Suite 200  Oklahoma City OK 73102	<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> 
---	---

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Additional Named Insureds

Other Named Insureds

BroDoc, LLC dba ServPro of Edmond	Limited Liability Company, Additional Named Insured
Camelback & Co, LLC dba ServPro of Pflugerville	Limited Liability Company, Additional Named Insured
DrayBro, LLC dba Servpro of Stillwater/Guthrie	Limited Liability Company, Additional Named Insured
Macayo Enterprises, LLC dba Servpro of East Round Rock	Limited Liability Company, Additional Named Insured
Servepro of South Tulsa County	Doing Business As
Sonoran Systems, LLC	Limited Liability Company, Additional Named Insured



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2022

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> Marsh USA Inc. IN CA, dba Marsh Risk & Insurance Services PO Box 14404 Des Moines IA 50306-9686	<b>CONTACT NAME:</b> Marsh Program & Franchise		
	<b>PHONE (A/C, No, Ext):</b> 855-459-9164	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> RRRGInsurance@marsh.com		
<b>INSURED</b> Mill Ave., Inc. 14690 E. Pine St. Tulsa OK 74116	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Restoration Risk Retention Group		12209
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			
Customer Number: SP9317			

## 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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGL060540	01/06/2022	01/06/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			RXC190185	01/06/2022	01/06/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CPL ( \$10,000 Deductible)			RPU060376	01/06/2022	01/06/2023	OC: \$2,000,000 AGG: \$5,000,000
A	Limited Service and Repair			RLS060836	01/06/2022	01/06/2023	OC: \$250,000 AGG: \$250,000

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 are listed as additional insured when required by written contract or agreement.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City 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 

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AGENCY CUSTOMER ID: SP9317

LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b> Marsh USA, Inc		<b>NAMED INSURED</b> Mill Ave., Inc. 14690 E. Pine St. Tulsa OK 74116
<b>POLICY NUMBER</b> RLS060836		
<b>CARRIER</b> Restoration Risk Retention Group	<b>NAIC CODE</b> 12209	<b>EFFECTIVE DATE:</b> 01/06/2022

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

## Additional Named Insured:

9317 Mill Ave., Inc. dba Servpro of South Tulsa County  
10271 BRODOC, LLC dba Servpro of Edmond  
10679 DRAYBRO, LLC dba Servpro of Stillwater & Guthrie  
10959 Camelback & Co, LLC dba Servpro of Pflugerville  
11363 Sonoran Systems, LLC dba Servpro of East Round Rock  
11364 Macayo Enterprises, LLC dba Servpro of Georgetown, Florence, Sun City  
11576 MTBR Enterprises, LLC dba Servpro of East Benton and Carroll Counties  
11577 MTBR Enterprises, LLC dba Servpro of Fayetteville, Springdale South, North Washington County  
11578 MTBR Enterprises, LLC dba Servpro of South Washington and Crawford Counties  
11596 MTBR Enterprises, LLC dba Servpro of Springdale North, Southwest Benton County  
11597 MTBR Enterprises, LLC dba Servpro of Northwest Benton County  
11778 BRODOC, LLC dba Servpro of Midwest City  
11779 Mill Ave., Inc. dba Servpro of Rogers County





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

**APPROVED**

11-22-2022

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

August 19, 2022

Phoenix Restoration Disaster Services  
LLC  
14709 Bristol Park Blvd  
Edmond, OK 73013

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226037 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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.

GREG MORGAN  
PRINTED NAME  
GENERAL MANAGER  
TITLE  
  
AUTHORIZED SIGNATURE  
PHOENIX RESTORATION DISASTER SERVICES  
COMPANY NAME  
14709 BRISTOL PARK BLVD  
STREET ADDRESS  
EDMOND, OK 73013  
CITY, STATE AND ZIP CODE  
(405) 844-7700  
BUSINESS TELEPHONE  
david.berry@phoenixrestoration.com  
CONTACT E-MAIL



## LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION

City of Oklahoma City or related Public Trust:

This letter authorizes Greg Morgan to sign

Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract

on behalf of Phoenix Restoration Disaster Services, LLC  
Company Name

Sincerely,

  
Signature of Authorized Agent

Owner  
Print Title

10/18/22  
Date

Jeff Bleything  
Print Name

Email Address: david.berry@phoenixrestoration.com

Title: (must be checked)

- ☒ Owner
- ☐ Chief Executive Officer [CEO]
- ☐ Chief Financial Officer [CFO]
- ☐ Chief Operating Officer [COO]
- ☐ Chairman or Chairman of the Board
- ☐ Vice-President

- ☐ Treasurer
- ☐ Corporate Secretary
- ☐ Assistant Secretary
- ☐ Secretary-Treasurer
- ☐ President





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2022

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> Glenn Harris & Associates P.O. Box 21887  Oklahoma City OK 73156		<b>CONTACT NAME:</b> Laurie Bly <b>PHONE (A/C, No, Ext):</b> (405) 842-5385 <b>FAX (A/C, No):</b> (405) 840-4655 <b>E-MAIL ADDRESS:</b> lbly@ghainsurance.com	
<b>INSURED</b> Phoenix Restoration Disaster Services, LLC 14709 Bristol Park Blvd.  Edmond OK 73013		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Everest Indemnity Insurance Company <b>INSURER B:</b> Everest Denali Insurance Company <b>INSURER C:</b> CompSource Mutual Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10851 16044 36188	

**COVERAGES****CERTIFICATE NUMBER:** 01-01-22/23 Master COI**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		EF2ML00034-221	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 25,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EF2CA00010-221	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$			EF2CU00029-221	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	AGGREGATE \$ 3,000,000						
	\$						
	\$						
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	03340448 22 1	01/01/2022	01/01/2023	<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						
A	Bailee's Coverage			EF2ML00034-221	01/01/2022	01/01/2023	Bailee's Coverage \$250,000
	In-Transit \$250,000						
	Deductible \$5,000						

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

The City of Oklahoma City and Its Trusts are included as additional insured on a primary and non-contributory basis with regard to General Liability when required in written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City 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 

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## Additional Named Insureds

### Other Named Insureds

1-800-Packouts of Oklahoma	Insured Multiple Names
Arista Construction Group LLC dba 1800Boardup	Limited Liability Company, Insured Multiple Names
F.I.R.E.S. Consulting LLC	Limited Liability Company, Insured Multiple Names
Phoenix Catastrophe Services, LLC	Limited Liability Company, Additional Named Insured
Phoenix Construction Disaster Services Inc	Corporation, Insured Multiple Names
Phoenix Restoration of Tulsa LLC	Limited Liability Company, Insured Multiple Names
Phoenix Technical Services, LLC	Limited Liability Company, Additional Named Insured
The Phoenix Group of the High Country, LLC	Limited Liability Company, Additional Named Insured

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – ONGOING OPERATIONS

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
<b>As required by written contract or agreement provided such contract was executed prior to the date of loss.</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", "environmental damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

**ECG 24 670 08 18**



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

**APPROVED**

11-22-2022

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

August 19, 2022

ServiceMaster Restoration by RSI  
4355 N Santa Fe Ave  
Oklahoma City, OK 73118

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226038 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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.

Magen Kuder  
PRINTED NAME  
Acct Manager  
TITLE  
Magen Kuder  
AUTHORIZED SIGNATURE  
ServiceMaster RSI  
COMPANY NAME  
10707 E Seminole St  
STREET ADDRESS  
Tulsa, OK 74116  
CITY, STATE AND ZIP CODE  
918-574-1002  
BUSINESS TELEPHONE  
MKuder@SMRSTI.com  
CONTACT E-MAIL

## LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE  
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT  
WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE  
CORPORATION

THIS DOCUMENT CAN BE UPLOADED ELECTRONICALLY AS AN ATTACHMENT  
TO ONE OF THE LINES ITEMS ON THE ELECTRONIC BID

City of Oklahoma City or related Public Trust:

This letter authorizes Magen Kuder to sign the  
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT and  
all forms related to on behalf of Service Master by PSI  
Company Name

Sincerely,

Ryan Allen  
Signature of Authorized Agent

Owner  
Print Title

11-4-21  
Date

Ryan Allen  
Print Name

Email Address: ryan@smrsi.com

Title: (must be checked)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Owner                  | <input type="checkbox"/> Treasurer           |
| <input type="checkbox"/> Chief Executive Officer [CEO]     | <input type="checkbox"/> Corporate Secretary |
| <input type="checkbox"/> Chairman or Chairman of the Board | <input type="checkbox"/> Assistant Secretary |
| <input type="checkbox"/> President                         | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Vice-President                    |  |

**BIDDER MUST ELECTRONICALLY PRINT, COMPLETE AND SIGN THIS  
DOCUMENT PRIOR TO UPLOADING AS AN ATTACHMENT INTO THE  
ELECTRONIC BID SYSTEM**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/31/2022

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 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> ECI Agency Inc PO Box 600  Piedmont OK 73078		<b>CONTACT NAME:</b> Megan Reavis <b>PHONE (A/C, No, Ext):</b> (405) 373-2977 <b>E-MAIL ADDRESS:</b> megan@eciagency.com <b>FAX (A/C, No):</b> (405) 373-2988	
<b>INSURED</b> Oklahoma Hi-Tech, Inc. dba ServiceMaster Restoration by RSI 10707 E. Seminole Street  Tulsa OK 74116		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Everest Indemnity Insurance Co <b>INSURER B:</b> National Fire Ins Co/Hartford <b>INSURER C:</b> CompSource Mutual Insurance Company <b>INSURER D:</b> BCS Insurance Company <b>INSURER E:</b> Old Republic Surety <b>INSURER F:</b>	
		<b>NAIC #</b> 10851 20478 36188 38245 40444	

**COVERAGES****CERTIFICATE NUMBER:** 08/31/2022**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y		EF4ML06419-221	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired PD			6072250225	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired PD deductible \$ \$1,000/\$1,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EF4CU01462-221	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	02671244 22 1	09/01/2022	09/01/2023	<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
A	CPL - Agg/Per Occurrence Professional - Agg/Per Claim			EF4ML06419-221	09/01/2022	09/01/2023	Aggregate \$2,000,000 agg CPL per occurrence \$1,000,000 occ Professional per claim \$1,000,000 claim

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

(B) BAILEE #IM6079323339 BLANKET SUBLIMIT PER LOCATION \$10,000 DED, EFFECTIVE 9/1/22-9/1/23  
(B) EPLI #6052145205 \$1,000,000 SIR \$10000, EFFECTIVE 9/1/21-9/1/23  
(B) CRIME POLICY #6052145205 \$100,000 \$5,000 DED, EFFECTIVE 9/1/21-9/1/23  
(D) CYBER #RPS-P-1076820M \$1,000,000, EFFECTIVE 9/1/22-9/1/23  
(E) CRIME BOND #W150331807 \$250,000, EFFECTIVE 12/5/21-12/5/22

The City of Oklahoma City and It's Trusts are Additionally Insured.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City 100 N. Walker, Suite 200  Oklahoma City OK 73102	<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> 
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The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

11-22-2022

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

August 19, 2022

Whittle Enterprises Inc.  
SERVPRO of Norman  
3200 Deskin Drive  
Norman, OK 73069

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C226039 for Property Restoration Services** for the term **12/4/2022 through 12/3/2023** 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 **September 19, 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.

Michael Whittle  
PRINTED NAME  
owner  
TITLE  
Michael Whittle  
AUTHORIZED SIGNATURE  
Servpro of Norman  
COMPANY NAME  
3200 Deskin Dr.  
STREET ADDRESS  
Norman, OK 73069  
CITY, STATE AND ZIP CODE  
405. 292. 0808  
BUSINESS TELEPHONE  
mwhittle@servpronorman.com  
CONTACT E-MAIL

## LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION

City of Oklahoma City or related Public Trust:

This letter authorizes Katie Barnoski to sign

Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract

on behalf of Servpro of Norman  
Company Name

Sincerely,

Michael Whittle  
Signature of Authorized Agent

owner  
Print Title

11/2/22  
Date

Michael Whittle  
Print Name

Email Address: mwhittle@servpronorman.com

Title: (must be checked)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Owner                  | <input type="checkbox"/> Treasurer           |
| <input type="checkbox"/> Chief Executive Officer [CEO]     | <input type="checkbox"/> Corporate Secretary |
| <input type="checkbox"/> Chief Financial Officer [CFO]     | <input type="checkbox"/> Assistant Secretary |
| <input type="checkbox"/> Chief Operating Officer [COO]     | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Chairman or Chairman of the Board | <input type="checkbox"/> President           |
| <input type="checkbox"/> Vice-President                    |  |

**CERTIFICATE OF INSURANCE**

ISSUE DATE: 11/08/2021

**PRODUCER:**

01477 - Jerry Arthur  
2325 W Grand Ave  
Chickasha, OK 73018-5203

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED:**

Whittle Enterprises INC dba Servpro of Norman  
19 Dove Dr  
Ninnekah, OK 73067-9627

**COMPANY AFFORDING COVERAGE:**

**Oklahoma Farm Bureau Mutual Insurance Company**  
NAIC # 21563

THIS IS CERTIFYING 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 REQUEST 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.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION	LIMITS
<b>GENERAL LIABILITY</b>  COMMERCIAL GENERAL LIABILITY CLAIMS MADE      OCCUR. <input type="checkbox"/>				
GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURENCE PREMISES RENTED TO YOU MEDICAL EXPENSE (Any one person)				
<b>AUTOMOBILE LIABILITY</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION</b>	<b>COMBINED SINGLE LIMIT</b>
ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	CAP00035134-09	06/01/2021	06/01/2022	\$1,000,000
<b>EXCESS LIABILITY</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION</b>	<b>EACH OCCURENCE      AGGREGATE</b>
<b>UMBRELLA FORM</b>				
<b>COMMERCIAL PROPERTY</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION</b>	<b>COVERAGE LIMIT</b>
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTION/SPECIAL ITEMS</b> Certificate Holder is an Additional Insured. Coverage is Primary and Non Contributory when policy conditions are met.				

**CERTIFICATE HOLDER**

City of Oklahoma City Finance Department  
Procurement Services  
100 N Walker Ave Ste 200  
Oklahoma City, OK 73102-2230

**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.

*Paul Springer*

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/02/2022

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> Marsh USA Inc. IN CA, dba Marsh Risk & Insurance Services PO Box 14404 Des Moines IA 50306-9686	<b>CONTACT NAME:</b> Marsh Program & Franchise	
	<b>PHONE (A/C, No, Ext):</b> 855-459-9164	<b>FAX (A/C, No):</b>
<b>INSURED</b> Whittle Enterprises, Inc. 3200 Deskin Drive Norman OK 73069	<b>E-MAIL ADDRESS:</b> RRRGInsurance@marsh.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Restoration Risk Retention Group	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 12209		
Customer Number: SP8872		

## 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> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			RGL091269	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CPL (\$5,000 Deductible)			RPU151506	09/01/2022	09/01/2023	PER OC: \$2,000,000 AGG: \$3,000,000
A	Limited Service and Repair			RLS050701	09/01/2022	09/01/2023	PER OC: \$250,000 AGG: \$250,000

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 are additionally insured when required by written contract or agreement.

## CERTIFICATE HOLDER

City of Oklahoma City 100 N. Walker, Ste 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 

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AGENCY CUSTOMER ID: SP8872

LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b> Marsh USA, Inc		<b>NAMED INSURED</b> Whittle Enterprises, Inc. 3200 Deskin Drive Norman OK 73069
<b>POLICY NUMBER</b> RLS050701		
<b>CARRIER</b> Restoration Risk Retention Group	<b>NAIC CODE</b> 12209	<b>EFFECTIVE DATE:</b> 09/01/2022

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

## Additional Named Insured:

8872 Whittle Enterprises, Inc. dba Servpro of Norman  
10364 Whittle Enterprises, Inc. dba Servpro of Downtown Oklahoma City, Midtown