



The City of
OKLAHOMA CITY
UTILITIES DEPARTMENT

APPROVED BY THE OKLAHOMA CITY

WATER UTILITIES TRUST

AT THEIR MEETING November 22 2022

June 7, 2022

Mid America Hydro Tech
Attn: Doug Swinney
36376 Anderson Road
Macomb, OK 74852

Dear Mr. Swinney:

The Oklahoma City Water Utilities Trust (OCWUT) and Mid America Hydro Tech, contracting vendor have the option of renewing Pricing Agreement C209014 for the purchase of Algae Control Chemicals for the term November 22, 2022 through November 21, 2025 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 October 1, 2022. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the City of Oklahoma City 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) 297-2765 or email: ww-procurement@okc.gov

Thank you,

Mark Keesee
Administrative Specialist
Utilities
Department

☒

Yes, I would like to renew

mentioned.

☐

No, I do not wish to renew.

[CITY
ONLY]

City

chooses not to renew the

contract/pricing

agreement.

Douglas G Swinney

PRINTED NAME/TITLE

Douglas G Swinney

AUTHORIZED SIGNATURE

per

the

above

Mid America Hydro Tech

COMPANY NAME

36376 Anderson RD

STREET ADDRESS

Macomb OK 74852 USE

CITY, STATE AND ZIP CODE

405 641-9865

BUSINESS TELEPHONE

405-333-2715

FAX NUMBER

CONTACT/E-MAIL

Stephane Clark



The undersigned individual states that the Bidder will be bound by all components of its bid, the specification, the terms and conditions of the Pricing Agreement/Contract, and the requirements for Bidders.

WITNESS the hands of the parties hereto:

THIS FORM MUST BE ELECTRONICALLY SIGNED AND SUBMITTED WITH THE BID FOR THE BID TO BE VALID

Note: The owner or an officer of the business or corporation may sign this document. A Corporate Seal or a letter of authorization is needed for any other signer. For instance, if a Salesman or Manager signs this form, a letter of authorization or Corporate Seal is to be attached.

Douglas G Swinney
Type Name of Authorized Agent

Owner
Title of Authorized Agent

Mid America Hydro Tech
Company Name and Address

74852
Zip Code

405-641-9865 405-598-1335 dougswinney@windstream.net
Telephone Number and Fax Number if any

**BIDDER MUST ELECTRONICALLY COMPLETE, SIGN AND NOTARIZE
THIS DOCUMENT**

**Please be aware that typing in your password acts as your electronic signature,
which is just as legal and binding as an original signature.**

(See Electronic Signatures in Global and National Commerce Act for more information.)

**THIS FORM MUST BE ELECTRONICALLY SIGNED AND SUBMITTED
WITH THE BID OR THE BID WILL BE REJECTED**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2022

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).

PRODUCER Brown & Brown of Arkansas, Inc. 1479 Executive Place, Suite A Springdale AR 72762		CONTACT NAME: Keri Warford PHONE (A/C, No, Ext): (479) 717-0500 FAX (A/C, No): (479) 717-0501 E-MAIL ADDRESS: Keri.Warford@bbbrown.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Insurance Company	
		INSURER B: Great Divide Insurance Company	
		INSURER C: Nautilus Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		Evanston Insurance Company	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 25,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY			BAP2035209-11	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	WCA2035207-11	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation & Employers Liability			WCA2035208-11	07/01/2022	07/01/2023	E.L. Each Accident 1,000,000
							E.L. Disease-Ea Emp 1,000,000
							E.L. Disease-Policy Limit 1,000,000

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

Water Treatment Additive Mfg Mid America Hydro-Tech, Oklahoma City Water Utility Trust, & City of Oklahoma City, Oklahoma are all included as additional insureds with respects to General Liability coverage, as per written contract or written agreement, prior to loss.

CERTIFICATE HOLDER

CANCELLATION

Oklahoma City Water Utility Trust & City of Oklahoma City Oklahoma 420 W Main, Ste 500 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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The City of
OKLAHOMA CITY
UTILITIES DEPARTMENT



APPROVED BY THE OKLAHOMA CITY

WATER UTILITIES TRUST

AT THEIR MEETING November 22, 2022

June 6, 2022

BioSafe Systems LLC
Attn: David Finethy
22 Meadow Street
East Hartford, CT 06108

Dear Mr. Finethy:

The Oklahoma City Water Utilities Trust (OCWUT) and BioSafe Systems LLC, contracting vendor have the option of renewing Pricing Agreement C209016 for the purchase of Algae Control Chemicals for the term November 22, 2022 through November 21, 2025 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 **October 1, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the City of Oklahoma City 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) 297-2765 or email: ww-procurement@okc.gov

Thank you,

Mark Keese
Administrative Specialist
Utilities Department

☒ **Yes, I would like to renew
per the above mentioned.**
☐ **No, I do not wish to renew.**

[CITY USE ONLY]

☐ **The City of Oklahoma City
chooses not to renew the
above contract/pricing
agreement.**

Tom Warmuth - National Manager, LPM

PRINTED NAME/TITLE

A handwritten signature in black ink, appearing to read "Tom Warmuth".

AUTHORIZED SIGNATURE

BioSafe Systems, LLC

COMPANY NAME

22 Meadow St

STREET ADDRESS

East Hartford CT 06108

CITY, STATE AND ZIP CODE

888-273-3088

BUSINESS TELEPHONE

860-290-8802

FAX NUMBER

twarmuth@biosafesystems.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**

City of Oklahoma City or related Public Trust:

This letter authorizes Tom Warmuth to sign the
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT and
all forms related to on behalf of BioSafe Systems LLC.
Company Name

Sincerely,

<u>Lauren Crane</u>	<u>President</u>	<u>10/31/2022</u>
Signature of Authorized Agent	Print Title	Date

Lauren Crane
Print Name

Email Address: lcrane@biosafesystems.com

Title: (must be checked)

- | | |
|--|--|
| <input 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 checked="" type="checkbox"/> President | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Vice-President | |



BIOSYS-CL

AFEDELE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2022

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.

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PRODUCER Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amy E. Fedele		
	PHONE (A/C, No, Ext): (860) 430-3252 252	FAX (A/C, No):	
	E-MAIL ADDRESS: afedele@smithbrothersusa.com		
INSURED BioSafe Systems, LLC 22 Meadow Street East Hartford, CT 06108	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : AIG Specialty Insurance Company		26883
	INSURER B : Commerce & Industry Insurance		19410
	INSURER C : Continental Casualty Company		20443
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EG15592059	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
	<input checked="" type="checkbox"/> Pollution		MED EXP (Any one person) \$ 25,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		PERSONAL & ADV INJURY \$ 1,000,000				
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 396-24-84	2/1/2022	2/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EGU15592304	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 4,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 0		\$				
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6024587963	5/28/2022	5/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		E.L. EACH ACCIDENT \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City
Utilities Administration
420 West Main, Suite 500
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