

# City Contract

Version 4.6 released on 8/3/21



E00119092

## CITY COUNCIL USE ONLY

Date Received: \_\_\_\_\_  
 Committee Date: \_\_\_\_\_  
 1<sup>st</sup> Agenda Date: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Committee: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

2<sup>nd</sup> Agenda Date: \_\_\_\_\_

## CITY CLERK USE ONLY

☐ Scanned

Date: 10.05.2022

☐ Posted

Item #: 2210.02204

**All department items requiring Council approval must be submitted through the Mayor's Office.**

## Primary Details

## Contract Phase

☐ New Contract ☐ Renewal ☐ Amendment ☒ **Statutory Change Order** ☐ Supplemental Documentation ☐ Quantity  
☐ Adjustment ☐ Final Payment ☐ Permission to Continue ☐ Terminate/Cancel

## Board Approval

## Other Board Name

## City Council Approval

## Contract Number

☒ Yes ☐ No

135691

Department  
 Engineering Services

Contact Name  
 Ryan McKaskle

Email  
 rmckaskle@cityoftulsa.org

Phone  
 918-596-9518

Vendor Name(s)  
 Ellsworth Construction, LLC.

Vendor Number  
 95

Description (Subject)  
 Art Str. Rehab -S. Union Ave - W. 61st St. S.-51st

Contract Type  
 Public Const Proj

Contract Subtype  
 PI/CP SCO COT

Bid/Project Number  
 144017-H, SWD 10784

Contract Amount  
 \$0.00

## Budget

## Contract Funding Type

## Funding Source(s)

☒ **No Payment Involved**☐ Revenue Contract☐ Expense Contract

\$0.00

TOTAL: \$0.00

## Approvals

Department: \_\_\_\_\_

Legal: \_\_\_\_\_

Board: \_\_\_\_\_

Mayor: \_\_\_\_\_

Other: \_\_\_\_\_

Cassia Carr  
 Mayor Pro Tem

Date: 05.31.22

Date: 9/27/22

Date: OCT 05 2022

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Policy Statement

## Background Information

CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No. 135691, between the CITY OF TULSA and ELLSWORTH CONSTRUCTION, LLC., for Project No. 144017-H & SWD 10784, in the amount of 128 calendar days is necessary due to the delays caused by design issues tied to a stormwater structure, unforeseen utility conflicts and extreme winter weather (Feb-2021).

## Summation of the Requested Action

Request Approval of Change Order No. 1

## Other Pertinent Details

Council District #2, S. Union, West S. 61st St. S. to W. 51st St. S.

## Processing Information for City Clerk's Office

## Post Execution Processing

☐ Mail vendor copy (add'l signature copies attached)  
☐ Must be filed with other governmental entity  
☐ Add'l governmental entity approval(s) required

## Additional Routing and Processing Details



Engineering Services Department  
**MEMORANDUM**

**DATE:** 4/12/2022

**SUBJECT: CHANGE ORDER NO. 1**

**Contract:** 135691

**Project:** 144017-H, SWD 10784

**Project Title:** ARTERIAL STREET REHABILITATION OF SOUTH UNION AVE - WEST  
61ST STREET SOUTH TO WEST 51ST STREET SOUTH

Original Contract Amount:	\$ 1,598,067.65
Change Order No. 1 Amount:	\$ -
Change Order No. 1 Percent:	0.00%
New Contract Amount:	\$ 1,598,067.65
Total of Change Order Amounts:	\$ -
Total Change Order Percent:	0.00%
Original Contract Time (Calendar Days):	120
Change Order No. 1 Time Added (Calendar Days):	128
New Contract Time (Calendar Days):	248

**CHANGE ORDER NO. 1 Consists of the Following:**

Change Order No. 1 to Contract No. 135691, between the CITY OF TULSA and ELLSWORTH CONSTRUCTION, LLC., for Project No. 144017-H & SWD 10784, in the amount of 128 calendar days is necessary due to delays caused by design issues tied to a stormwater structure, unforeseen utility conflicts, and extreme winter weather (Feb-2021) (See attached exhibit).

CITY OF TULSA  
CHANGE ORDER NO. 1  
BOND NO. 1021305  
CONTRACT NO. 135691  
PROJECT NO. 144017-H  
ARTERIAL STREET REHABILITATION OF SOUTH UNION AVE - WEST 61ST STREET SOUTH TO  
WEST 51ST STREET SOUTH

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CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No. 135691, between the CITY OF TULSA and ELLSWORTH CONSTRUCTION, LLC., for Project No. 144017-H, in the amount of 128 calendar days is necessary due to delays caused by design issues tied to a stormwater structure, unforeseen utility conflicts, and extreme winter weather (Feb-2021) (See attached exhibit).

Decrease in Contract Price: \$0.00

Increase in Contract Price: \$0.00

Net Change in contract Amount: \$0.00

DESCRIPTION OF CHANGES:

Original contract amount was:	\$1,598,067.65
Net dollar increase by previous Change Order:	\$0.00
Net percent increase by previous Change Order:	0.00%
Contract amount prior to this Change Order:	\$1,598,067.65
Contract sum is increased by this Change Order:	\$0.00
This Change Order is a percentage increase of:	0.00%
Contract amount including this Change Order:	\$1,598,067.65
The total dollar increase including this Change Order:	\$0.00
The percentage increase including this Change Order:	0.00%
Contract time prior to this Change Order:	120 Calendar Days
Contract time will be increased by:	128 Calendar Days

IN TESTIMONY WHEREOF, the parties hereto have caused this Change Order to be executed by their duly authorized officers or representatives on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(to be dated by City Clerk upon approval)

CITY OF TULSA  
A municipal corporation

By: \_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
City Clerk

APPROVED:

Asa.

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
City Engineer

\_\_\_\_\_  
Architect/Engineer

CONTRACTOR:

Elsworth Construction LLC

By: Nathan Elsworth

Printed Name: Nathan Elsworth

Title: Managing Member

Date: 4-12-22

ATTEST:

\_\_\_\_\_  
Corporate Secretary (SEAL)

Nathan Elsworth

Date: \_\_\_\_\_



SURETY:

Mid Continent Casualty Company

By: Cindal L. Smith

Printed Name: Cindal L. Smith

Date: 4-12-22

Attorney-in-Fact (SEAL)  
(Attached Power of Attorney)

(Date must match Power of Attorney)

APPROVED BY CITY COUNCIL

Date: \_\_\_\_\_

By: \_\_\_\_\_

Chairman



# MID-CONTINENT CASUALTY COMPANY

1437 South Boulder, Suite 200, Tulsa, Oklahoma 74119 • Ph: 918-587-7221 • Fax: 918-588-1296

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the **Mid-Continent Casualty Company**, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof. Sandra L. Crain, Dayna Harjo, Cindi L. Smith, William C. Taylor, all of TULSA, OK.

IN WITNESS WHEREOF, the **Mid-Continent Casualty Company** has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 13 day of September, 2021.



ATTEST:

**MID-CONTINENT CASUALTY COMPANY**

*Sharon Hackl*

Sharon Hackl, Assistant Secretary

*Todd Bazata*

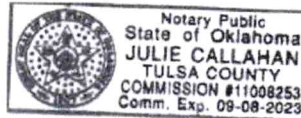
Todd Bazata, Vice President

On this 13 day of September, 2021 before me personally appeared Todd Bazata, to me known, being duly sworn, deposes and says that s/he resides in Broken Arrow, Oklahoma, that s/he is a Vice President of **Mid-Continent Casualty Company**, the company described in and which executed the above instrument; that s/he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of her/his office under the By-Laws of said Company, and that s/he signed his name thereto by like authority.

STATE OF OKLAHOMA

}

SS



Commission # 11008253

My Commission Expires: 09-08-23

COUNTY OF TULSA

*Julie Callahan*

Julie Callahan, Notary Public

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of **Mid-Continent Casualty Company** by unanimous written consent dated September 25, 2009.

RESOLVED: That the President, the Executive Vice President, the several Senior Vice Presidents and Vice Presidents or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, Sharon Hackl, Assistant Secretary of **Mid-Continent Casualty Company**, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of September 25, 2009 have not been revoked and are now in full force and effect.



Signed and sealed this

*12th*

day of

*April*

*2022*

*Sharon Hackl*

Sharon Hackl, Assistant Secretary

PROJECT TIME										
PROJECT NUMBER: 144017-H CONTRACT NUMBER: 135691 Art Street Rehab of Union Ave - W 61st St S to 51st St S										
CONTRACTOR	Ellsworth Construction, LLC			WORK ORDER DATE	January 11, 2021	SUBSTANTIAL COMPLETION DATE:	September 8, 2021			
CONTRACT AMOUNT	\$1,598,067.65			START DATE	January 11, 2021	DAYS PAST COMPLETION DATE:				
ORIG. CONTRACT TIME	120 DAYS			ORIGINAL COMPLETION DATE	May 11, 2021	WEATHER DAYS TO BE ADDED BY CHANGE ORDER:	14			
TOTAL TIME ADDED	128 DAYS			REVISED COMPLETION DATE	September 16, 2021	ALLOWANCE DAYS RECOMMENDED	114			
REV. CONTRACT TIME	248 DAYS			DAYS CONTRACT TIME STOPPED		DAYS TO ADDED BY CHANGE ORDER	0			
ESTIMATE NO.	PERCENT TIME	PERCENT WORK	DAYS REQUESTED			DAYS RECOMMENDED			REASON	
			WEATHER	ALLOWANCE	TOTAL	WEATHER	ALLOWANCE	TOTAL		
1	12.6%	9.3%	0	15	15	0	15	15	Utility conflicts played the project	
2	30.8%	17.6%	14	13	27	14	7	21	Extreme weather and utility conflicts delayed the project	
3	41.0%	33.2%	0	27	27	0	27	27	Utility conflicts delayed the project	
4	55.1%	44.0%	33	0	33	0	15	15	Utility conflicts delayed the project	
5	70.2%	47.1%	15	0	15	0	0	0	See WDC-1	
6	85.9%	63.4%	0	0	0	0	0	0	No time requested	
7	80.6%	82.9%	0	50	50	0	50	50	RFI #6 submitted on 4/30/21 and response provide on 5/24/21 (24 days). Took 26 days to build the box and delayed critical path for both northboudes and southbound paving operations.	
8	93.1%	101.5%	0	15	15	0	0	0	Time request submitted outside of the pay period. Substantially complete on 9/8/21 and final inspection held on 9/15/21.	
9	142.7%	109.9%	0	0	0	0	0	0	No Time or SBE. <b>Substantially Complete on 9/8/21 (Time Stopped at Day 240).</b>	
10	166.5%	112.0%	0	0	0	0	0	0	No Time or SBE.	
11			0	0	0	0	0	0	<b>Substantially Complete on 9/8/21 (Time Stopped at Day 240).</b>	

**AFFIDAVIT OF CLAIMANT**

STATE OF Oklahoma

COUNTY OF Tulsa

The undersigned, of lawful age, being first duly sworn, on oath says that this contract is true and correct. Affiant further states that the work, services or materials will be completed or supplied in accordance with the contract, plans, specifications, orders or requests furnished to the affiant. Affiant further states that (s)he has made no payment directly or indirectly of money or any other thing of value to any elected official, officer or employee of the City of Tulsa or any public trust of which the City is a beneficiary to obtain or procure the contract or purchase order.

By: 774  
Signature Nathan Ellsman

Name: Nathan Ellsman

Company: Ellsman Construction, LLC

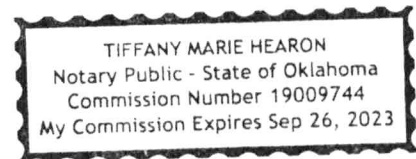
Title: Managing Member

Subscribed and sworn to before me this 12 day of April, 2022.

Tiffany Marie Hearon  
Notary Public

My Commission Expires: Sept. 26, 2023

Notary Commission Number: 19009744



# INTEREST AFFIDAVIT

STATE OF Oklahoma )  
COUNTY OF Tulsa ) SS.

I, Nathan Ellsworth, of lawful age, being first duly sworn, state that I am the agent authorized by Contractor, Engineer, Architect or provider of professional service ["Services Provider"] to submit the attached Agreement. Affiant further states that no officer or employee of the City of Tulsa either directly or indirectly owns a five percent (5%) interest or more in the Services Provider's business or such a percentage that constitutes a controlling interest. Affiant further states that the following officers and/or employees of the City of Tulsa own an interest in the Services Provider's business which is less than a controlling interest, either direct or indirect.

- none -

By: [Signature]  
Nathan Ellsworth Signature

Title: managing member

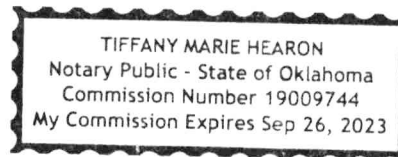
Subscribed and sworn to before me this 12 day of April 20 22

[Signature]  
Notary Public

My Commission Expires: Sept 26 2023

Notary Commission Number: 19009444

County & State Where Notarized: Tulsa, OK



The Affidavit must be signed by an authorized agent and notarized.



## NON-COLLUSION AFFIDAVIT

(Required by Oklahoma law, 74 O.S. §85.22-85.25)

STATE OF Oklahoma )  
 )SS.  
COUNTY OF Tulsa )

I, Nathan Ellsworth, of lawful age, being first duly sworn, state that:  
(Authorized Agent)

1. I am the authorized agent of Contractor, Engineer, Architect or provider of professional service ["Services Provider"] herein for the purposes of certifying facts pertaining to the existence of collusion between and among Services Provider and municipal officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to which this statement is attached.
2. I am fully aware of the facts and circumstances surrounding the making of the contract to which this statement is attached, and I have been personally and directly involved in the proceedings leading to the awarding of such contract; and
3. Neither the Services Provider nor anyone subject to the Services Provider's direction or control has been a party:
  - a. to any collusion with any municipal official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - b. in any discussions between Services Provider and any municipal official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

By: 77E

Nathan Ellsworth

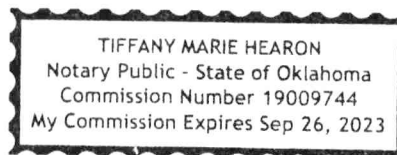
Signature

Title: managing member

Subscribed and sworn to before me this 12 day of April, 2022

Tiffany Marie Hearon  
Notary Public

My Commission Expires: Sept 26, 2023  
Notary Commission Number: 19009744  
County & State Where Notarized: Tulsa, OK



The Affidavit must be signed by an authorized agent and notarized.



ELLSCON-01

CCAMPBELL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/15/2022

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> Laird & Walkingstick Insurance 1010 Manvel Avenue Chandler, OK 74834		<b>CONTACT NAME:</b> Christy Campbell <b>PHONE (A/C, No, Ext):</b> (405) 258-4281 <b>E-MAIL ADDRESS:</b> christyc@lw-ins.com <b>FAX (A/C, No):</b> (405) 240-5588															
<b>INSURED</b> Ellsworth Construction LLC Ellsworth Trucking LLC PO Box 3628 Tulsa, OK 74103		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Valley Forge Insurance Company</td><td>20508</td></tr><tr><td>INSURER B : National Fire Insurance Company of Hartford</td><td>20478</td></tr><tr><td>INSURER C : Mt. Hawley Insurance Company</td><td>37974</td></tr><tr><td>INSURER D : Markel American Ins. Company</td><td>28932</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 : Valley Forge Insurance Company	20508	INSURER B : National Fire Insurance Company of Hartford	20478	INSURER C : Mt. Hawley Insurance Company	37974	INSURER D : Markel American Ins. Company	28932	INSURER E :		INSURER F :	
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INSURER F :																	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PMT7012253579	4/1/2021	4/1/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BUA7012253582	4/1/2021	4/1/2022	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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AGGREGATE	\$																				
	\$																				
A	<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	N/A	WC7012253596	4/1/2021	4/1/2022	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
C	<b>Pollution Liability</b>			EGL0008446	4/1/2021	4/1/2022	<b>Limit</b> 3,000,000														
D	<b>Equipment Floater</b>			MKLM4IM0052003	4/1/2021	4/1/2022	<b>\$2,500 ded Limit:</b> 9,771,971														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Tulsa Project # 144017-H - Arterial Street Rehabilitation of South Union Ave West 61st Street South to West 51st Street.

## CERTIFICATE HOLDER

## CANCELLATION

City of Tulsa  
175 E. 2nd Street, Ste. 450  
Tulsa, OK 74103

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



ELLSCON-01

CCAMPBELL

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<b>PRODUCER</b> Laird & Walkingstick Insurance 1010 Manvel Avenue Chandler, OK 74834		<b>CONTACT NAME:</b> Christy Campbell <b>PHONE (A/C, No, Ext):</b> (405) 258-4281 <b>FAX (A/C, No):</b> (405) 240-5588 <b>E-MAIL ADDRESS:</b> christyc@lw-ins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Valley Forge Insurance Company	<b>NAIC #</b> 20508
<b>INSURED</b>  City of Tulsa 175 E. 2nd Street, Ste: 450 Tulsa, OK 74103		<b>INSURER B:</b>  <b>INSURER C:</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's & Contractor  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OCP7015715375	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$ OTHER \$
	<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 \$ OTHER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project # 144017-H, Arterial Street Rehabilitation of South Union Ave

## CERTIFICATE HOLDER

## CANCELLATION

City of Tulsa 175 E. 2nd Street Ste: 450 Tulsa, OK 74107	<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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