

City Contract

Version 4.6 released on 8/3/21

This form should be used for all types of contracts including Agreements (excluding Grant Agreements), Contracts, CBAs, MOAs, and MOUs. In addition to requests for New Contracts, Amendments and Renewals, this form should be used for Statutory Change Orders, Quantity Adjustments, Final Payments and Permission to Continue requests.



CITY COUNCIL USE ONLY

Date Received: _____
Committee Date: _____
1st Agenda Date: _____

Tracking #: _____
Committee: _____
Hearing Date: _____
2nd Agenda Date: _____

CITY CLERK USE ONLY

☐ Scanned Date: 01.12.2022
☐ Posted Item #: 2201.00072

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

☒ Yes ☐ No

Contract Number

134000

Department

Engineering Services

Contact Name

Ryan McKaskle

Email

rmckaskle@cityoftulsa.org

Phone

9185969508

Vendor Name(s)

Daris Contractors, LLC.

Vendor Number

590

Description (Subject)

Mohawk Sports Complex site Improvements

Contract Type

Public Const Proj

Contract Subtype

PI/CP SCO COT

Bid/Project Number

170130

Contract Amount

Budget

Contract Funding Type

☐ No Payment Involved
☐ Revenue Contract
☐ Expense Contract

Funding Source(s)

TOTAL:

Approvals

Department:

Legal:

Board: _____

Mayor:

Other: _____

Date: 11.23.21

Date: 01-06-22

Date: _____

Date: JAN 12 2022

Date: _____

Policy Statement

Background Information

CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No. 134000, between the CITY OF TULSA and DARIS CONTRACTORS, LLC, for Project No. 170130, in the amount of 483 calendar days is necessary due to delays caused primarily by the 2019 historical flood event and the 2020 onset of the COVID Pandemic. Flooding on the project site caused by the 2019 event, as well as other rainfall events, exacerbated by beaver dams causing blockages, and a dead-end fire hydrant discharging continually onto the site, caused the subgrade to be wet and unworkable for long stretches of time. COVID caused supply chain and personnel disruptions, slowing the Contractor's output. Additional work, requiring more time, was also added to the project by RFI and ASI.

Summation of the Requested Action

Request the approval for Change Order No. 1

Other Pertinent Details

Processing Information for City Clerk's Office

Post Execution Processing

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

Additional Routing and Processing Details



Engineering Services Department
MEMORANDUM

DATE: July 27, 2021

SUBJECT: CHANGE ORDER NO. 1

Contract: 134000
Project: 170130
Project Title: Mohawk Sports Complex

Original Contract Amount:	\$ 3,400,444.00
Change Order No. 1 Amount:	\$ -
Change Order No. 1 Percent:	0.00%
Change Order No. 2 Amount:	\$ -
Change Order No. 2 Percent:	0.00%
New Contract Amount:	\$ 3,400,444.00
Total of Change Order Amounts:	\$ -
Total Change Order Percent:	0.00%
Original Contract Time (Calendar Days):	180
Change Order No. 1 Time Added (Calendar Days):	483
Change Order No. 2 Time Added (Calendar Days):	0
New Contract Time (Calendar Days):	663

CHANGE ORDER NO. 1 Consists of the Following:

Construction Contract 134000, Project 170130 commenced construction on January 14, 2019.

As work got underway, the project experienced delays due to weather, including the 2019 historical flood event, and other rainfall events, all exacerbated by the worksite's low-lying position in and around the City Regulatory Floodplain, as well as the presence of many beaver dams, causing blockages to drainage paths. This caused the subgrade to remain wet and unworkable for long stretches. Furthermore, City of Tulsa Water Distribution was required, due to water quality issues, to continually discharge a dead-end fire hydrant onto the worksite, causing the soil to remain saturated, even without rainfall.

In addition to weather delays, there were drops in productivity brought on by the COVID Pandemic beginning in Spring 2020. This caused disruptions in the supply chain and also had direct impacts to personnel who contracted the disease, slowing the Contractor's output.

The project also experienced delay due to outside entities. Specifically, PSO delivery of primary power to the site was greatly delayed with COVID-related personnel disruptions.

Additional work was added by RFI and ASI, requiring additional time to complete.

The total time extension required to account for the above issues is 483 calendar days.

CITY OF TULSA
CHANGE ORDER NO. 1
BOND NO. 0215731
CONTRACT NO. 134000
PROJECT NO. 170130
MOHAWK SPORTS COMPLEX
SITE IMPROVEMENTS

CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No. 134000, between the CITY OF TULSA and DARIS CONTRACTORS, LLC, for Project No. 170130, in the amount of 483 calendar days is necessary due to delays caused primarily by the 2019 historical flood event and the 2020 onset of the COVID Pandemic. Flooding on the project site caused by the 2019 event, as well as other rainfall events, exacerbated by beaver dams causing blockages, and a dead-end fire hydrant discharging continually onto the site, caused the subgrade to be wet and unworkable for long stretches of time. COVID caused supply chain and personnel disruptions, slowing the Contractor's output. Additional work, requiring more time, was also added to the project by RFI and ASI.

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:	\$3,400,444.00
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:	\$3,400,444.00
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:	\$3,400,444.00
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:	180 Calendar Days
Contract time will be increased by:	483 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:

Asst. _____
City Attorney

City Engineer

Architect/Engineer

APPROVED BY CITY COUNCIL

Date: _____

By: _____
Chairman

CONTRACTOR:
Daris Contractors, LLC

By: Darrell Moorman

Printed Name: Darrell Moorman

Title: Outlaw Contracting, Inc. - Managing Member
President

Date: Aug 3, 2021

ATTEST:
Darrell Moorman 8.3.21
Corporate Secretary (SEAL) Date

SURETY:
Berkley Insurance Company

By: Stephen Michael Polernan

Printed Name: Stephen Michael Polernan

Date: July 27, 2021
Attorney-in-Fact (SEAL)
(Attached Power of Attorney)

(Date must match Power of Attorney)

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Vaughn Paul Graham, Jr.; Stephen Michael Poleman; Robbie L. Loyd; Jamie M. Burris; Cathy Combs; or John Kelly Deer of Rich & Cartmill, Inc. of Tulsa, OK* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 1st day of February, 2021.

Attest:

(Seal)

By

Ira S. Lederman
Executive Vice President & Secretary

Berkley Insurance Company

By

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)

COUNTY OF FAIRFIELD)

) ss:

Sworn to before me, a Notary Public in the State of Connecticut, this 1st day of February, 2021, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDRAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

Maria C. Rundracken
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date 27 day of JULY, 2021.

Given under my hand and seal of the Company, this 27 day of JULY, 2021.

(Seal)

Vincent P. Forte

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and verification instructions (on reverse) must be in blue ink.

Please **verify the authenticity** of the instrument attached to this Power by:

Toll-Free Telephone: (800) 456-5486; or

Electronic Mail: BSGInquiry@berkleysurety.com

Any written notices, inquiries, claims or demands to the Surety on the bond attached to this Power should be directed to:

Berkley Surety
412 Mount Kemble Ave.
Suite 310N
Morristown, NJ 07960
Attention: Surety Claims Department

Or

Email: BSGClaim@berkleysurety.com

Please include with all communications the bond number and the name of the principal on the bond. Where a claim is being asserted, please set forth generally the basis of the claim. In the case of a payment or performance bond, please also identify the project to which the bond pertains.

Berkley Surety is a member company of W. R. Berkley Corporation that underwrites surety business on behalf of Berkley Insurance Company, Berkley Regional Insurance Company and Carolina Casualty Insurance Company.

AFFIDAVIT OF CLAIMANT

STATE OF OK

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: Darrell Moorman
Signature

Name: Darrell Moorman

Company: Davis Contractors, LLC

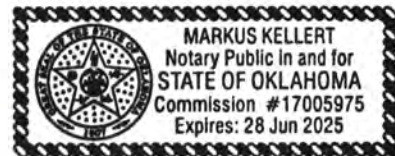
Title: Outlaw Contracting, Inc. - Managing Member
President

Subscribed and sworn to before me this 3rd day of August, 2021.

[Signature]
Notary Public

My Commission Expires: June 28, 2025

Notary Commission Number: #17005975



NON-COLLUSION AFFIDAVIT

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

STATE OF OK)

)SS.

COUNTY OF Tulsa)

I, Darrell Moorman, 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: Darrell Moorman
Signature

Title: Outlaw Contracting, Inc. - Managing Member
President

Subscribed and sworn to before me this 3rd day of August 20 21

[Signature]
Notary Public

My Commission Expires: June 28, 2025

Notary Commission Number: #17005975

County & State Where Notarized: Tulsa, OK



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

INTEREST AFFIDAVIT

STATE OF OK)
) SS.
COUNTY OF Tulsa)

I, Darrell Moorman, 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: Darrell Moorman
Signature

Title: Outlaw Contracting, Inc. - Managing Member
President

Subscribed and sworn to before me this 3rd day of August 20 21

[Signature]
Notary Public

My Commission Expires: June 28, 2025

Notary Commission Number: # 17005975

County & State Where Notarized: Tulsa, OK



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



PO BOX 897
OWASSO, OK 74055
918-836-5700

The undersigned, being all of the Members of Daris Contractors, LLC, an Oklahoma Limited Liability Company, hereby authorize, consent to, approve and ratify the execution by Darrell Moorman on behalf of Daris Contractors, LLC of bid proposals, contracts, affidavits, and related documents in connection with any, and all, projects with the City of Tulsa, Tulsa Metropolitan Utility Authority, (T.M.U.A.) or Regional Metropolitan Utility Authority, (R.M.U.A.).

Dated, this 16th day of November, 2021.

Darrell Moorman
Title: President Darrell Moorman

Managing Member – Outlaw Contracting, Inc.

Dolores Moorman
Dolores Moorman

Member – Daris Contractors, LLC

Darrell Moorman
Darrell Moorman

Member – Daris Contractors, LLC



DARICON-01

JHENDON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Rich & Cartmill, Inc. 2738 E. 51st Street, Suite 400 Tulsa, OK 74105	CONTACT NAME: Jane Hendon	
	PHONE (A/C, No, Ext): (918) 293-7128	FAX (A/C, No):
	E-MAIL ADDRESS: jhendon@rcins.com	
INSURED Daris Contractors LLC PO Box 897 Owasso, OK 74055	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Phoenix Insurance Company	25623
	INSURER B : Travelers Prop Cas Co of Am	25674
	INSURER C : The Travelers Indemnity Co	25658
	INSURER D : Columbia Casualty Company	31127
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		8R746934	2/22/2021	2/22/2022	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Collision \$1,000		8R748097	2/22/2021	2/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		8R748767	2/22/2021	2/22/2022	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ Aggregate \$ 8,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	8R746830	2/22/2021	2/22/2022	<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	Professional Liab		6024134829	2/22/2021	2/22/2022	Professional Liab \$ 1,000,000
D	Pollution Liability		6024134829	2/22/2021	2/22/2022	Pollution Liability \$ 1,000,000

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

Equipment and Installation Floater coverages are provided under Travelers Property Casualty Company of America policy number 9P858485 effective 2/22/21 - 2/22/22. Leased/Rented equipment limit is \$250,000 per item. Scheduled/Owned equipment limit is \$2,263,901

Project: Mohawk Sports Complex Site Improvements

CERTIFICATE HOLDER

CANCELLATION

City of Tulsa
175 E 2nd St
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



DARIS-1

QP ID: H7

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 RICH & CARTMILL, INC 2738 East 51st #400 Tulsa, OK 74105 J Kelly Deer	918-743-8811	CONTACT NAME: J Kelly Deer PHONE (A/C, No, Ext): 918-743-8811 FAX (A/C, No): 918-744-8429 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Continental Ins Co 35289 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED City of Tulsa 175 E 2nd Street Tulsa, OK 74103		

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR X OCP GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER		OCP6080496930	2/22/2021	2/22/2022	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 \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

Project No: 170130 / Mohawk Sports Complex Site Improvements

CERTIFICATE HOLDER

CANCELLATION

CITYT-5 City of Tulsa 175 E. 2nd Street 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
--	---

Darrell Moorman

From: Jamie Burris <jburris@rcins.com>
Sent: Tuesday, November 16, 2021 5:01 PM
To: Darrell Moorman
Subject: RE: 134000_Mohawk Sports Complex - Time Change Order - Legal Review

FYI, Anika called back said legal accepted the power so no issues on this one. I'll have the other one ready tomorrow morning.

Jamie M. Burris
Rich & Cartmill, Inc.
Bonds Account Manager
2738 E. 51st St., Suite 400
Tulsa, OK 74105-6228
(918) 293-7199 direct
(918) 744-8429 fax
www.rcins.com

From: Darrell Moorman [mailto:dmoorman@daris.com]
Sent: Tuesday, November 16, 2021 9:44 AM
To: Jamie Burris <jburris@rcins.com>
Subject: RE: 134000_Mohawk Sports Complex - Time Change Order - Legal Review

Darrell Moorman
Vice President



P.O. Box 897
Owasso, OK 74055
(918) 836-5700 office
(918) 706-2082 mobile
dmoorman@daris.com
www.Daris.com

From: Jamie Burris <jburris@rcins.com>
Sent: Tuesday, November 16, 2021 9:36 AM
To: Darrell Moorman <dmoorman@daris.com>
Subject: RE: 134000_Mohawk Sports Complex - Time Change Order - Legal Review

Darrell –

Harl, Zachary

From: Harl, Zachary
Sent: Tuesday, December 7, 2021 5:01 PM
To: McKaskle, Ryan
Cc: Mercer, Lauren
Subject: RE: Daris Contractors, LLC

Ryan,

I reviewed the corrections and have a couple of comments regarding the Certificate of Insurance:

1. The Insurer should remove all of the language from the Description of Operations box. Those items are not required and the City shouldn't be an additional insured. That may conflict with our rights under the Governmental Torts Claims Act.
2. Insurer D. The company name as printed and the name associated with the NAIC code number do not match. Should be Columbia Casualty Company.

That is all. The CO is ready for pick up.

Thank you,

Zach Harl | Senior Asst. City Attorney - Contracts

City of Tulsa Legal Department
175 E. 2nd Street, Suite 685 Tulsa, OK 74103
T 918-596-9092
F 918-596-9700
E zharl@cityoftulsa.org
www.cityoftulsa.org

A21-2353

From: Harl, Zachary
Sent: Friday, October 1, 2021 10:27 AM
To: McKaskle, Ryan <RMCKASKLE@cityoftulsa.org>; Mercer, Lauren <lmercer@cityoftulsa.org>
Cc: Marquette, Hannah <hmarquette@cityoftulsa.org>
Subject: Daris Contractors, LLC

Ryan,

I have reviewed the CO

1. Change Order page 1. In the introduction paragraph, line 1, the contract number should have three zeros.
2. Need a Consent of Member from the LLC authorizing Darrell Moorman. Daris usually includes this, however, I don't see it.
3. Power of Attorney. The BI No. in the top right of the page is different (10196a) than the original Power of Attorney (10196)
4. Both Certificates of Insurance are missing.

That is all. Hannah will be in contact for pick up. Please call or email with questions.



MEMORANDUM

To: Legal

From: Lauren Mercer

Date: December 2, 2021

Subject: Contract No. 134000

Contractor: Daris Contractors, LLC

Project No: 170130



DARICON-01

JHENDON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Rich & Cartmill, Inc. 2738 E. 51st Street, Suite 400 Tulsa, OK 74105	CONTACT NAME: Jane Hendon PHONE (A/C, No. Ext): (918) 293-7128 FAX (A/C, No): E-MAIL: jhendon@rcins.com ADDRESS:
INSURED Daris Contractors LLC PO Box 897 Owasso, OK 74055	INSURER(S) AFFORDING COVERAGE INSURER A: Phoenix Insurance Company 25623 INSURER B: Travelers Prop Cas Co of Am 25674 INSURER C: The Travelers Indemnity Co 25658 INSURER D: Columbia Casualty Ins Co 31127 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	8R746934	2/22/2021	2/22/2022	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 - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY Comp \$1,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Collision \$1,000		8R748097	2/22/2021	2/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		8R748767	2/22/2021	2/22/2022	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ Aggregate \$ 8,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	8R746830	2/22/2021	2/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liab		6024134829	2/22/2021	2/22/2022	Professional Liab \$ 1,000,000
D	Pollution Liability		6024134829	2/22/2021	2/22/2022	Pollution Liability \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Equipment and Installation Floater coverages are provided under Travelers Property Casualty Company of America policy number 9P858485 effective 2/22/21 - 2/22/22. Leased/Rented equipment limit is \$250,000 per item. Scheduled/Owned equipment limit is \$2,263,901

Project: Mohawk Sports Complex Site Improvements

As required by written contract and subject to policy terms and exclusions, Certificate Holder is included or named as Additional Insured as respects General Liability (including ongoing & completed operations), Auto Liability and Excess Liability.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

City of Tulsa 175 E 2nd St 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
--	---



AGENCY CUSTOMER ID: DARICON-01

JHENDON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Rich & Cartmill, Inc.		NAMED INSURED Daris Contractors LLC PO Box 897 Owasso, OK 74055	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:
30 Day Notice of Cancellation applies to all policies.