

# City Contract

Version 4.6 released on 8/3/21


**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: 02.16.2022  
☐ Posted Item #: 2202.00348

*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

135827

**Department**

Engineering Services

**Contact Name**

Ryan McKaskle

**Email**

rmckaskle@cityoftulsa.org

**Phone**

19185969508

**Vendor Name(s)**

Crossland Heavy Contractors, Inc.

**Vendor Number**

681

**Description (Subject)**

Mohawk Business Park

**Contract Type**

Public Const Proj

**Contract Subtype**

Pub Imp/Cap Proj

**Bid/Project Number**

170085 & TMUA-W 19-20

**Contract Amount**

\$31,646.49

## Budget

**Contract Funding Type**

☐ No Payment Involved  
☐ Revenue Contract  
☐ Expense Contract

**Funding Source(s)**

170085.LandImp.4003.40035111-541101: \$31,646.49

**TOTAL:** \$31,646.49

## Approvals

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

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

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

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

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

Date: 01.26.22

Date: 2-8-22

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

Date: FEB 16 2022

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

## Policy Statement

**Background Information**

CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No 135827, between the City of Tulsa and Crossland Heavy Contractors, Inc., for Project No. 170085, in the amount of \$31,646.49 is necessary to add additional 71 Calendar Days to the contract, due to RFI's and Weather. Please see the memorandum that describes the justification. In the vicinity of Lewis and Mohawk Blvd. Change Order 1 consist of the following:

Weather delays - 14 calendar days associated with February 2021 snow storm.

27 Days for IDP erosions control issues (NP 36) at 36th and Utica Impeding Stormwater construction, addition of waterline lowering at Utica due to Fiber Optic line conflict.

30 Days added for Scope of work change and work to be completed

\$8008.00 Dollars for fence on top of retaining wall RFI #1.

\$4,447.94 to build slope wall between retaining wall and box culvert and provide safety fence.

\$10,312.50 to replace existing fence removed for sidewalk placement.

\$8,878.05 to include sidewalk with curb wall to meet slope grades of existing ground.

**Summation of the Requested Action**

Request Approval for Change Order No. 1.

**Other Pertinent Details**

## 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

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**DATE:** October 1, 2021

**SUBJECT:** CHANGE ORDER 1, Project 170085 & TMUA-W 19-20 Mohawk  
Business Park

(Contract No.135827)

Original Contract -	\$1,144,000.00
Change Order 1 -	\$ 31,646.49
Change Order 1 % -	2.77 %
New Contract Amount -	\$1,175,646.49
Contract Time -	150 Calendar Days
Contract Time Added -	71 Calendar Days

Change Order 1 consists of the following;

- Weather delays – 14 calendar days associated with the February 2021 snow storm
- 27 Days for IDP erosions control issues (NP 36) at 36<sup>th</sup> and Utica Impeding Stormwater construction, addition of waterline lowering at Utica due to Fiber Optic line conflict
- 30 Days added for Scope of work change and work to be completed
- \$8,008.00 Dollars for Fence on top of retaining wall RFI #1
- \$4,447.94 to build slope wall between retaining wall and box culvert and provide safety fence
- \$10,312.50 to replace existing fence removed for sidewalk placement
- \$8,878.05 to include sidewalk with curb wall to meet slope grades of existing ground

CITY OF TULSA  
CHANGE ORDER NO. 1  
BOND NO. \_\_09357663\_\_  
CONTRACT NO. 135827\_\_\_\_  
PROJECT NO. 170085\_\_\_\_

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CHANGE ORDER DESCRIPTION AND JUSTIFICATION: Change Order No. 1 to Contract No. \_135827\_, between the City of Tulsa and \_Crossland Heavy Contractors, Inc.\_, for Project No. \_170085 & TMUA-W 19-20\_, in the amount of \$\_\_31,646.49\_ is necessary to add an additional \_71\_ Calendar Days to the contract, due to \_\_RFI's and Weather\_. Please see the memorandum that describes the justification for the award of additional time.

Decrease in Contract Price: \$0.00

Increase in Contract Price: \$31,646.49

Net Change in contract Amount: \$31,646.49

DESCRIPTION OF CHANGES:

Original contract amount was:	\$1,144,000.00
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:	\$1,144,000.00
Contract sum is increased by this Change Order:	\$31,646.49
This Change Order is a percentage increase of:	2.77%
Contract amount including this Change Order:	\$1,175,646.49
The total dollar increase including this Change Order:	\$31,646.49
The percentage increase including this Change Order:	2.77%
Contract time prior to this Change Order:	_150_ Calendar Days
Contract time will be increased by:	71 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. Erica Grayson  
City Attorney

[Signature]  
City Engineer

[Signature]  
Architect/Engineer

APPROVED BY CITY COUNCIL

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

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

CONTRACTOR:

Crossland Heavy Contractors, Inc.

By: [Signature]

Printed Name: Chris Walters

Title: Treasurer

Date: October 6, 2021

ATTEST:

[Signature]  
Corporate Secretary (SEAL) Date

SURETY:

Fidelity and Deposit Company of Maryland

By: [Signature]

Printed Name: Camille O. Parman

Date: October 6, 2021

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

(Date must match Power of Attorney)



**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**


KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **S. Mark WILKERSON, Kelly E. KIMMEL, Morgan DEWEY, Monica F. DONATELLI, Debra L. WALZ, Carolyn J. JOHNSON, Katherine J. BREIT, Camille O. PARMAN, Morgan L. WILKERSON of Overland Park, Kansas, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.


The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 03rd day of March, A.D. 2021.



**ATTEST:**  
**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

  
\_\_\_\_\_  
By: *Robert D. Murray*  
Vice President

  
\_\_\_\_\_  
By: *Dawn E. Brown*  
Secretary

**State of Maryland  
County of Baltimore**

On this 03rd day of March, A.D. 2021, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.





\_\_\_\_\_  
Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2023

**Authenticity of this bond can be confirmed at [bondvalidator.zurichna.com](http://bondvalidator.zurichna.com) or 410-559-8790**

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

### CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 6th day of October, 2021.



By: Brian M. Hodges  
Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
[www.reportsfclains@zurichna.com](mailto:www.reportsfclains@zurichna.com)  
800-626-4577

Authenticity of this bond can be confirmed at [bondvalidator.zurichna.com](http://bondvalidator.zurichna.com) or 410-559-8790



# CROSSLAND HEAVY CONTRACTORS

501 S. East Avenue • P.O. Box 350

Columbus, KS 66725

tel 620.429.1410

fax 620.429.2977

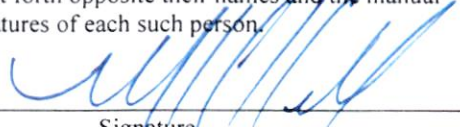
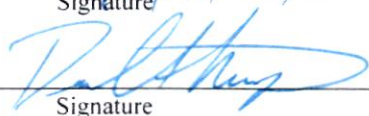

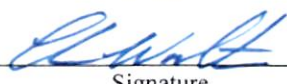
CROSSLAND HEAVY CONTRACTORS, INC.

## SECRETARY'S CERTIFICATE OF CORPORATE RESOLUTION AND AUTHORIZED SIGNATURES

I, Holly Rhodes, do hereby certify that I am the duly elected and qualified secretary of Crossland Heavy Contractors, Inc., a corporation duly organized and validly existing under and by virtue of the laws of the State of Kansas (the "Corporation"), that the following resolution was duly adopted by the Board of Directors of the Corporation at a meeting of the members thereof, called and held in accordance with the requirements of the bylaws of the Corporation, on January 29, 2016, and that such resolution has not been modified, repealed, or rescinded and is in full force and effect as of the date of this certification.

Be it resolved that the Board of Directors of Crossland Heavy Contractors, Inc. hereby authorizes and empowers Chris Walters or Daniel Thompson in the name of and on behalf of the Corporation, to execute bid forms, construction agreements, change orders and other associated construction documents between the Corporation and the City of Tulsa (COT), Tulsa Metropolitan Utility Authority (TMUA), and Regional Metropolitan Utility Authority (RMUA).

I further certify that the persons named below are the duly acting Board of Directors and they are serving on this date as officers of the Corporation in their respective capacities set forth opposite their names and the manual signatures set forth opposite their names are the true manual signatures of each such person.

<u>Mark E. Sell</u>	<u>President</u>	
Name of Director	Title	Signature
<u>Daniel Thompson</u>	<u>Vice-President</u>	
Name of Director	Title	Signature
<u>Holly Rhodes</u>	<u>Secretary</u>	
Name of Director	Title	Signature
<u>Chris Walters</u>	<u>Treasurer</u>	
Name of Director	Title	Signature

In witness whereof, the undersigned has executed this certificate and impressed the seal of the Corporation thereon on this 6 day of October, 20 21.

  
Secretary

(Corporate Seal)



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:   
Signature Chris Walters

Name: Chris Walters

Company: Crossland Heavy Contractors, Inc

Title: Treasurer

Subscribed and sworn to before me this 6 day of October, 2021.

  
Notary Public

My Commission Expires: June 27, 2023

Notary Commission Number: 19006485



# NON-COLLUSION AFFIDAVIT

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

STATE OF Oklahoma )  
 )SS.

COUNTY OF Tulsa )

I, Chris Walters, 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:   
Signature Chris Walters

Title: Treasurer

Subscribed and sworn to before me this 6 day of October 20 21

  
Notary Public

My Commission Expires: June 27, 2023  
Notary Commission Number: 19006485  
County & State Where Notarized: Tulsa, OK



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

## INTEREST AFFIDAVIT

STATE OF Oklahoma )  
COUNTY OF Tulsa ) SS.

I, Chris Walters, 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]  
Signature Chris Walters

Title: Treasurer

Subscribed and sworn to before me this 6 day of October 2021

[Signature]  
Notary Public



My Commission Expires: June 27, 2023

Notary Commission Number: 19006485

County & State Where Notarized: Tulsa, OK

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2021

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).

<b>PRODUCER</b> IMA, Inc. - Kansas City 9393 W. 110th Street Suite 600 Overland Park KS 66210	<b>CONTACT NAME:</b> Shannon Hilding <b>PHONE (A/C, No, Ext):</b> 913-982-3650 <b>E-MAIL ADDRESS:</b> Shannon.Hilding@imacorp.com <b>FAX (A/C, No):</b> 913-982-3495
<b>INSURED</b> Crossland Heavy Contractors, Inc. PO Box 45 833 S. East Avenue Columbus KS 66725	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Zurich American Insurance Company <b>INSURER B:</b> American Guarantee and Liability Insurance <b>INSURER C:</b> XL Insurance America, Inc. <b>INSURER D:</b> *Endurance American Insurance Company <b>INSURER E:</b> RSUI Indemnity Company <b>INSURER F:</b>

License#: PC-1210733  
CROSCON-03**COVERAGES****CERTIFICATE NUMBER:** 51073498**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"/> <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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GLO859600801	4/30/2021	4/30/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP859615301	4/30/2021	4/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		AUC425515000	4/30/2021	4/30/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC859600701	4/30/2021	4/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	2nd Layer Excess Liability		US00109260L121A	4/30/2021	4/30/2022	Ea Occur \$10,000,000 Agg \$10,000,000
D	3rd Layer Excess Liability		EXC30000318404	4/30/2021	4/30/2022	Ea Occur \$10,000,000 Agg \$10,000,000
E	4th Layer Excess Liability		NHA093832	4/30/2021	4/30/2022	Ea Occur \$10,000,000 Agg \$10,000,000

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

The State of Oklahoma is included in the above mentioned Workers Compensation policy, subject to the policy terms and conditions.

Re: 170085 &amp; TMUA-W 19-20 Mohawk Business Park. Project No. 20027RD.

**CERTIFICATE HOLDER****CANCELLATION**

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 <i>Brenda Vincent</i>
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Client#: 11231

CROSCON

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2021

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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>IMA, Inc. (NE Kansas Division)</b> <b>51 Corporate Woods</b> <b>9393 W. 110th Street, Suite 600</b> <b>Overland Park, KS 66210</b>	<b>CONTACT NAME:</b> Shannon Hilding <b>PHONE (A/C, No, Ext):</b> 913-982-3650 <b>E-MAIL ADDRESS:</b> Shannon.Hilding@imacorp.cm <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Zurich American Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> <b>16535</b>
<b>INSURED</b> <b>City of Tulsa</b> <b>175 E. 2nd Street</b> <b>Tulsa, OK 74103</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 SUBR INSR 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"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		OCP566334700	09/10/20	03/31/22	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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			

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

Re: 170085 & TMUA-W 19-20 Mohawk Business Park. Designated Contractor: Crossland Heavy Contractors, Inc.

## CERTIFICATE HOLDER

## CANCELLATION

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



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