

City Contract

Version 5.5 released on 7/1/25

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: _____
 Posted Item #: _____

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 IDP
 Formal Acceptance Terminate/Cancel

Data Sharing

Yes No

This contract will involve data sharing or data transfers.

Board Approval

Tulsa Metropolitan Utility Authority

Other Board Name

City Council Approval

Yes **No**

Contract Number

140576

Department

Development Services

Contact Name

Michael Ling *MBL 4-17-26*

Email

MLing@cityoftulsa.org

Phone

918 596 7285

Vendor Name(s)

Protex Landscaping, LLC

Vendor Number

801057

Description (Subject)

Construction of Public Infrastructure and Services

This should match the Munis description field but should be different from Contract Type or Subtype

Contract Type

IDP

Contract Subtype

IDP Contractor

Bid/Project Number

Site Parcel No.

Contract Amount

Site Address

IDP, Real Property, or other property related contract address

Budget

Contract Funding Type

No Payment Involved
 Revenue Contract
 Expense Contract

Funding Source(s)

Affidavit of Claimant should be attached to the contract for Expense Contracts

Enter the funding source(s) using the appropriate Munis funding format: Org (Allocation Code)-Object-Amount (1001211-531401-\$10.00) or Project String-Amount (144104.AbstrTitle5413102.6001-4043122-541102-\$30,000.01)

TOTAL:

Approvals

Department: _____
Legal: _____
Board: _____
Mayor: _____
Other: _____

Date: 4-27-2026
Date: 4/16/26
Date: _____
Date: _____
Date: _____

2026-CRP-0918

Policy Statement

Background Information

Attached is the Contractor's Annual Contract between the City of Tulsa and Protex Landscaping, LLC for construction of various infrastructure development projects that are or will be owned or controlled by the City of Tulsa, and additional services as described in the contract.

Provide background information on the requested action.

Summation of the Requested Action

Summarize the pertinent details of the requested action

Other Pertinent Details

Provide any additional information that should be considered when considering approval of this contract document

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



APPLICATION FOR ANNUAL CONTRACTOR'S CONTRACT FOR INFRASTRUCTURE DEVELOPMENT PROCESS PLANS (IDP)

Please print or type. **Incomplete applications will be rejected.**

Date: 2/11/26
Name of Company: Protex Landscaping LLC
Type of legal entity: Corporation Partnership LLC Other
Address: 10 Peace Pipe Trl City: Montgomery State: TX Zip: 77316
Point of Contact Name: Matthew Maddy
Point of Contact Phone: 979-497-1669 Email: Natt@MatthewMaddy.com

Level of Work: May include: Major Construction, Minor Construction Arterial Right-of-Way and/or Minor Non-Arterial Right-of-Way (requires \$250,000 Bond)
 Minor Construction Non-Arterial Right-of-Way (Constructed using standard design. Requires \$100,000 Bond)

Bonding Level: Bonding Company (original Bond required) Travelers Casualty and Surety Company of America
 \$100,000 or \$250,000

Type of Work:

- | | | | |
|---|-----------------------------------|---|---|
| Water System | Sewer System | Stormwater System | Traffic and Transportation |
| <input type="checkbox"/> Water Main Extension | <input type="checkbox"/> New | <input type="checkbox"/> Detention | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Revision | <input type="checkbox"/> Revision | <input type="checkbox"/> Revision | <input checked="" type="checkbox"/> Sidewalks/Driveways |
| <input type="checkbox"/> Taps | <input type="checkbox"/> Taps | <input type="checkbox"/> Pipes/Channels | <input type="checkbox"/> Traffic Signalization |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Boring less than ___ inches |
| | | | <input checked="" type="checkbox"/> Median Modification |

City of Tulsa Construction Experience: 0
Other Construction Experience: 13 Years

Insurance and Bonds must be attached for the Application to be processed.

- Please Include:
- Application
 - Copy of Owners Protection Insurance (Must include a 30-day notice of cancellation.)
 - Copy of Workers Compensation Insurance (must include a 30-day notice of cancellation and include the City of Tulsa as additional insured.)
 - Copy of General Liability Insurance (Must include a 30-day notice of cancellation and include the City of Tulsa as additional insured.)
 - Original Bond (Corporations require signature by a President or Vice President; LLC's require signature by a Manager or Managing Member.)
 - \$275 Application Fee
 - Signed Contract (Corporations require signature by a President or Vice President; LLC's require signature by a Manager or Managing Member.)
 - Class D Water License (If water is checked.)

DEVELOPMENT SERVICES

ANNUAL CONTRACT

**FOR CONTRACTORS TO CONSTRUCT
INFRASTRUCTURE DEVELOPMENT
WITHIN THE RIGHT-OF-WAY OF THE
CITY OF TULSA, OKLAHOMA**

THIS CONTRACT, made by and between Protex Landscaping, LLC, herein called "CONTRACTOR", the TULSA METROPOLITAN UTILITY AUTHORITY, herein called "AUTHORITY", and the CITY OF TULSA, OKLAHOMA, a Municipal Corporation, herein called "CITY".

WITNESSETH:

WHEREAS, CONTRACTOR desires to engage in construction related to infrastructure development within the City which includes the types of construction listed below:

Check each block that applies:

- | | |
|---|--|
| <input type="checkbox"/> Sanitary Sewer System | <input type="checkbox"/> Water System |
| <input type="checkbox"/> Stormwater Drainage System | <input checked="" type="checkbox"/> Traffic & Transportation |
| <input type="checkbox"/> Other, Specify _____ | |

; and

WHEREAS, CITY'S applicable infrastructure development ordinances, Title 35 TRO §§100 et seq, provide that an Annual Contract with CITY is a prerequisite to performing such work; and

WHEREAS, CONTRACTOR agrees to conduct the above construction activities in a good, substantial, and workmanlike manner as required by and in accordance with the Engineer's design and in compliance with all CITY Codes and Standards; and

WHEREAS, whether CONTRACTOR engages in construction which requires a Major or Minor Construction Right-of-Way Permit, as described, and provided in Title 35 TRO §§ 100 et seq, or any other construction as required by ordinance, CONTRACTOR agrees to first satisfy all bond and insurance requirements set out herein; and

WHEREAS, the AUTHORITY agrees and the CITY desires to enter into this Annual Contract with CONTRACTOR which authorizes CONTRACTOR to pursue such construction.

NOW, THEREFORE, in consideration of the promises and covenants contained in this Contract, the parties agree as follows:

1. CONTRACTOR shall, (a) furnish all tools, equipment, supplies, superintendence, transportation, and other construction accessories, services, and facilities; (b) furnish all materials, supplies, and equipment specified and required to be incorporated in and to form a

permanent part of the completed work; (c) provide and perform all such materials and labor in a good, substantial, and workmanlike manner and in accordance with the requirements, stipulations, provisions, and conditions of the Contract documents for the construction of a specific infrastructure development project within CITY.

2. CONTRACTOR shall, prior to initiation of construction, post with CITY either an Arterial Right-of-Way Bond in the amount of \$250,000 for work in an arterial street or a Non-Arterial Right-of-Way Bond in the amount of \$100,000 for work in a non-arterial street, executed by a surety company approved by CITY to guarantee the project during construction and for a period of one (1) year after final inspection/approval by CITY. Each Major Construction development shall require a two (2) year maintenance bond.

2.A Should a Contractor operating pursuant to a Major Construction Permit report to the Director of Development Services, that the Developer has defaulted on payment to the extent that the Contractor has no reasonable assurance of being paid to complete the project, the Director shall verify the facts. Once it is confirmed that no reasonable assurance can be obtained from the Developer that satisfactory payment arrangements will be made with the Contractor, the Contractor, after stabilizing the construction site to prevent erosion; complying with all applicable ODEQ and EPA regulations; and providing adequate public safety measures as required by the Director of Development Services, may withdraw from the site without breaching the terms of this Contract. Any legal questions remaining between the Developer and the Contractor shall be resolved between them without involving the City.

3. CONTRACTOR shall maintain insurance coverage for the one-year period following final inspection/approval of the project by CITY including general liability, workers compensation, and owners protective liability insurance as required by ordinance in Title 35 TRO.

4. CITY shall recognize CONTRACTOR as having secured this Annual Contract as a prerequisite to being issued a Major or Minor Right-of-Way Construction Permit or other Permit contemplated in Title 35 TRO.

5. Whether engaged in construction which requires a Major or Minor Right-of-Way Construction Permit as contemplated in Title 35 TRO, CONTRACTOR shall comply with all insurance and bond requirements set out therein. Failure to replace insurance or bonds prior to cancellation shall terminate the rights under this Contract.

6. CONTRACTOR shall look to the Owner/Developer who engages CONTRACTOR for full payment for CONTRACTOR'S services, etc. and not look to AUTHORITY or CITY for compensation of any nature.

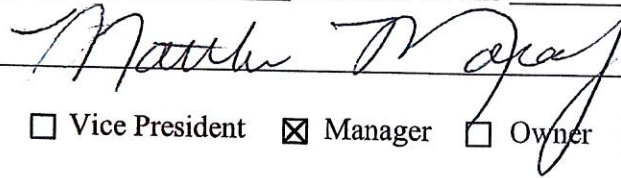
7. This Contract shall have a twelve (12) month term either to be renewed or replaced on the anniversary date for successive twelve (12) month intervals should CONTRACTOR satisfy then existing CITY requirements. The anniversary date shall be twelve (12) months from the date this Contract is approved by the Mayor. Should the CONTRACTOR authorized by this Contract initiate a project while this Contract is in effect, he/she may complete the project within a reasonable time notwithstanding that a new Annual Contract has not been obtained, provided that the continued construction is insured and bonded as required by ordinance. No new projects may be initiated after the expiration of the term of this Contract.

IN TESTIMONY WHEREOF, the parties have caused this Contract to be executed by their duly authorized officers of representatives on the dates set forth below.

CONTRACTOR

Name of Firm: Protex Landscaping, LLC Type of Firm LLC

By Matthew Moody Executed on this 24th day of March, 2026.

Signature: 

President Vice President Manager Owner Other _____

TULSA METROPOLITAN UTILITY AUTHORITY

By _____ Executed on this _____ day of _____, 20____.
Chairman

By _____ Executed on this _____ day of _____, 20____.
Secretary

APPROVED:

By _____ Executed on this _____ day of _____, 20____.
Attorney for Tulsa Metropolitan
Utility Authority

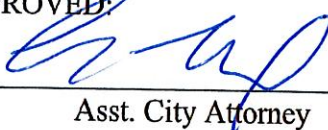
CITY OF TULSA, OKLAHOMA, a Municipal Corporation

By _____ Executed on this _____ day of _____, 20____.
Mayor

ATTEST:

By _____
City Clerk

APPROVED:

By  Executed on this 16 day of April, 2026.
Asst. City Attorney

This original replaces any other version of this bond form, of the same number, issued (February 11th, 2026).

Cancellation shall impact only such obligations of the Surety that would have arisen on work not yet commenced prior to the effective date of cancellation.

NON-STACKING OF COVERAGE: The coverage provided by the Bond is attached to the City of Tulsa Annual Contract # 140576 and is limited to work commenced during the time covered by said contract. Coverage is not subject to accumulation (stacking) due to any additional or subsequently signed contracts.

All work in the public right-of-way shall be guaranteed free from defects for a period of one year after approval by City.

The authority of Principal to continue to carry on the business of constructing the project shall terminate upon completion of the one-year warranty period.

Major construction projects shall require a separate two (2) year Maintenance Bond as provided by ordinance.

IN WITNESS WHEREOF, the said Principal has caused this bond to be executed in its name, and the said Surety has caused this bond to be executed in its name and its corporate seal to be hereunto affixed by its attorney-in-fact, duly authorized to do so, on this 11 day of February, 2026.

(If Corporation)

Protex Landscaping LLC

ATTEST:

Principal

Secretary

By: Mason Moody
Title: (please check appropriate box below)

(seal)

President Vice-President Manager

Individual Other: _____



Travelers Casualty and Surety Company of America

Surety

By: Eric Fauerbach

Attorney-in-fact


ERIC FAUERBACH

APPROVED AS TO FORM, THIS 16 day of April, 2026

[Signature]
Assistant City Attorney

NOTE: Date of Bond must not be prior to date of Contract. Surety companies executing bonds must appear on the State Insurance Department's most current Annual Report, and be authorized to transact business in Oklahoma.

This original replaces any other version of this bond form, of the same number, issued (February 11th, 2026).

	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company
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POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **ERIC FAUERBACH** of **NORTH CHARLESTON, SC** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108427278

Principal: Protex Landscaping LLC

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024**.



State of Connecticut

City of Hartford ss.

By: 
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **11** day of **February, 2026**.




Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2026

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 BRIGANCE INSURANCE AGENCY 2300 WOODFOREST PKWY N 250-471 MONTGOMERY, TX 77316		CONTACT NAME: ALLISON BRIGANCE PHONE (A/C, Ho., Ext): (281) 351-5000 FAX (A/C, Ho.): E-MAIL: ALLISON@BRIGANCEINSURANCE.NET ADDRESS:	
		INSURER(S) AFFORDING COVERAGE INSURER A : Spinnaker Insurance Company	NAIC # 24376
INSURED PROTEX LANDSCAPING LLC 10 PEACE PIPE TRAIL MONTGOMERY, TX 77316		INSURER B : INSURER C : INSURER D : 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	CSG-00223331-01	12/18/25	12/18/26	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	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				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is additional insured

The above GL policy includes a blanket Additional Insured, Waiver of subrogation, and Primary & non contributory wording.

30 day prior written NOC shall be provided to the Certificate Holder (City of Tulsa), except that 10 days NOC will be provided for non-payment of premium.

OK - ETK 4/16/26 (NOC attached)

CERTIFICATE HOLDER City of Tulsa 175 E 2nd St Tulsa, OK 74103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Allison Brigance</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2026

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 BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com	FAX (A/C, No): 203-654-3613
	INSURER(S) AFFORDING COVERAGE INSURER A: Wellfleet New York Insurance Company	
INSURED Protex Landscaping, LLC 2257 N Loop 336 W # 140490 Conroe, TX 77304	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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/A	N9WC591513	04/03/2026	04/03/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate

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

Policy #N9WC591513 contains a blanket Waiver of Subrogation therefore the insurer agrees to waive its right to recover from the certificate holder to the extent required by written contract. Exclusions: Matthew Moody;
 30 days' prior written notice of cancellation shall be provided to the City of Tulsa, except that 10 days' notice of cancellation will be provided for non-payment of premium.

OK - ETK 4/16/26 (GL attached)

CERTIFICATE HOLDER City of Tulsa 175 E 2nd St. Tulsa, OK 74103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2026

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 LESLIE INSURANCE AGENCY 188 Broadway Methuen, MA 01844	CONTACT NAME: Linda Leslie PHONE (A/C, No, Ext): 8324538727 FAX (A/C, No): E-MAIL ADDRESS: linda@leslieinsurancegroup.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: 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 WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner and Contractor Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		3AA982184	03/06/2026	07/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Protex Landscaping LLC.
 30 Days prior written notice of cancellation shall be provided to the City of Tulsa, except that 10 days notice of cancellation will be provided for non-payment of premium. There is a waiver of subrogation that applies to Protex Landscaping LLC.
 Location of Operation:
 6615 East Easton Street
 Tulsa, OK 74115

OK - ETK 4/16/26

CERTIFICATE HOLDER City of Tulsa 175 E. 2nd St. Tulsa, OK 74103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Linda Leslie</i>
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Entity Summary Information

Select the buttons below to file or place an order.


To view Entity Details there will be a \$5.00 charge and you will need to click on **VIEW ENTITY DETAILS** button at the bottom of the page.

If you are ordering documents such as a "Certificate of Good Standing" or "copies" you will need to click on the **ORDER DOCUMENTS** button at the bottom of the page.

If you are filing a legal document such as a trade name, amendment, annual certificate, etc., you will need to click on **FILE A DOCUMENT** button at the bottom of the page.

PROTEX LANDSCAPING, LLC

Details

Filing Number:	3713925159
Name Type:	Legal Name
Status:	In Existence 
Corp type:	Foreign Limited Liability Company
Jurisdiction:	TEXAS, USA
Formation Date:	2 Mar 2026

Registered Agent Information

Name:	MATTHEW MOODY
Effective:	2 Mar 2026
Address:	895 W 150TH STREET S
City, State , ZipCode:	GLENPOOL OK 74033

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