



The City of  
**OKLAHOMA CITY**  
UTILITIES DEPARTMENT

February 3, 2022

Convergent Technologies LLC  
35257 Eagle Way  
Chicago, IL 60678-1352

**Amendment No. 1- Contract Extension**

Dear Vendor:

The Contracting Entity and the contracting vendor that holds the Contract/Pricing Agreement **No. R22-C201018 for AMAG - Facilities Security New Equipment and Installation, Software Maintenance, Repair Parts and Services and Police Department Maintenance Agreement** for the term **4/23/2021 through 4/22/2022**, have the option to amend the Contract/Professional Service Agreement to extend the term for 120 days, to expire August 20, 2022, under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **March 1, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

If you have any questions, please contact me at (405) 297-2614 or Email: Whitney.Broesel@okc.gov

Thank you,

Whitney Broesel, Senior Buyer  
Finance Department - Procurement Services

☒ Yes, I agree to the contract renewal and amendment per the above mentioned.

☐ No, I do not agree to amend the contract.

Sign Here

× 

Signature of Individual

 GENERAL MANAGER

Title



The City of  
**OKLAHOMA CITY**  
UTILITIES DEPARTMENT

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesperson or Manager signs this form, a letter of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Austin Roberts

Printed Name of Individual

Convergent Technologies 6101 W. Reno Ave. Ste 200, OKC, OK 73127  
Company Name and Address (Please Print) Zip Code

405-470-1850  
Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of \* Oklahoma )  
County of \*  Tulsa  ) SS.  
[\*State and County where notarized must be written in.]

Signed and sworn to before me this 30th day of March, 2022 by

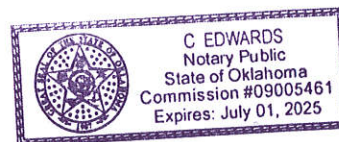
Austin Roberts  
[Printed Name of Individual who signed above]

My Commission Number: 09005461

My Commission Expires: 7-1-2025

C Edwards  
Notary Public Printed Name

C Edwards  
Notary Public Signature



APPROVED by Council and signed by the Mayor of the City of Oklahoma City this 26th  
day of April, 2022.

ATTEST:

Amy K. Simpson  
CITY CLERK



David Holt  
MAYOR

REVIEWED for form and legality.

Carol Annett  
ASSISTANT MUNICIPAL COUNSELOR

## LETTER OF AUTHORIZATION


**THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE  
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT  
WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE  
CORPORATION**

**THIS DOCUMENT CAN BE UPLOADED ELECTRONICALLY AS AN ATTACHMENT  
TO ONE OF THE LINES ITEMS ON THE ELECTRONIC BID**

City of Oklahoma City or related Public Trust:

This letter authorizes Austin Roberts to sign the  
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT and  
all forms related to on behalf of Convergint Technologies, LLC.  
Company Name

Sincerely,

	<u>General Manager</u>	<u>3/14/2022</u>
Signature of Authorized Agent	Print Title	Date

Austin Roberts  
Print Name

Email Address: austin.roberts@convergint.com

Title: (must be checked)

- |  |   |
|--|---|
| <input type="checkbox"/> Owner                             | <input type="checkbox"/> Treasurer                  |
| <input type="checkbox"/> Chief Executive Officer [CEO]     | <input type="checkbox"/> Corporate Secretary        |
| <input type="checkbox"/> Chairman or Chairman of the Board | <input type="checkbox"/> Assistant Secretary        |
| <input type="checkbox"/> President                         | <input checked="" type="checkbox"/> General Manager |
| <input type="checkbox"/> Vice-President                    |   |

**BIDDER MUST ELECTRONICALLY PRINT, COMPLETE AND SIGN THIS  
DOCUMENT PRIOR TO UPLOADING AS AN ATTACHMENT INTO THE  
ELECTRONIC BID SYSTEM**

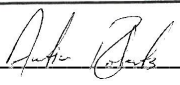


One Commerce Drive, Schaumburg, IL 60173  
phone 847-620-5000 fax 847-229-9920

**CERTIFICATE OF INCUMBENCY  
OF  
CONVERGINT TECHNOLOGIES LLC  
(the "Company")**

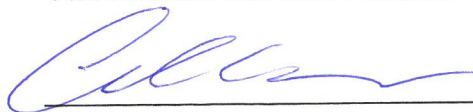
I, ALAN BERGSCHNEIDER, being the Vice President and Chief Financial Officer of the Company, hereby certify that:

The following are the names and signatures of Officers of the Company:

Name	Title	Specimen Signature
<b><u>OFFICERS:</u></b>		
Daniel J. Mocerì	Executive Chairman	_____
Ken Lochiatto	Chief Executive Officer	_____
Jim Boutwell	President	_____
Kathryn Ingraham	Vice President, General Counsel & Secretary	_____
Alan Bergschneider	Vice President & Chief Financial Officer	_____
Mike Mathes	Executive Vice President	_____
Austin Roberts	General Manager	_____ 

Signed and dated, this 13th day of January, 2020

Vice President and Chief Financial Officer



Alan Bergschneider





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
02/24/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL: certificates@willis.com ADDRESS: certificates@willis.com																					
<b>INSURED</b> Convergint Technologies LLC #216 Location #216 One Commerce Drive Schaumburg, IL 60173	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>XL Insurance America Inc</td><td>24554</td></tr><tr><td>INSURER B:</td><td>Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER C:</td><td>XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	XL Insurance America Inc	24554	INSURER B:	Federal Insurance Company	20281	INSURER C:	XL Specialty Insurance Company	37885	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES**

CERTIFICATE NUMBER: W23993487

REVISION NUMBER:

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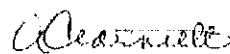
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		CGD 7422095	03/01/2022	03/01/2023	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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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 No	N/A		CWD 7459993 01	03/01/2022	03/01/2023	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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C	Workers Compensation - WI and Employers Liability Per Statute			CWR 7459998 01	03/01/2022	03/01/2023	<table border="1"><tr><td>EL Each Accident</td><td>\$1,000,000</td></tr><tr><td>EL Disease-Each Empl.</td><td>\$1,000,000</td></tr><tr><td>EL Disease-Policy Lmt</td><td>\$1,000,000</td></tr></table>	EL Each Accident	\$1,000,000	EL Disease-Each Empl.	\$1,000,000	EL Disease-Policy Lmt	\$1,000,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Oklahoma City and its Trust are included as Additional Insureds as respects to General Liability and Auto Liability as required by written contract.

Umbrella/Excess Follows Form on Additional Insureds.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City and its Trust 100 North Walker Oklahoma City, OK 73102	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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ACORD 25 (2016/03)

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SR ID: 22237792

BATCH: 2425350

3 of 3 12831



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
02/24/2022

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**COVERAGES**

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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					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
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	DED <input type="checkbox"/> RETENTION \$					AGGREGATE \$ 10,000,000
						\$
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	AUTHORIZED REPRESENTATIVE 

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