

Oklahoma County Purchasing Department
Amendment of Solicitation/Modification of Contract

☒ Amendment No. 1 Of Solicitation No. P26440-01- Design Build Roof Replacement for The Oklahoma County Court House

The hour and date specified for receipt of offers ☐ is extended to: _____
☒ is not extended

Offerors must acknowledge receipt of this amendment, if required in the Description of Amendment/Modification block below, prior to the hour and date specified in the solicitation as amended by (1) signing and returning a copy of this amendment, (2) or by acknowledging receipt of this amendment on the offer submitted. Failure of your acknowledgement to be received at the place designated for receipt of offers prior to the hour and date specified may result in rejection of your offers.

☐ Modification No. _____ of Contract _____

☐ Administrative Change (Vendor signature not required)
☒ Supplemental Agreement (Vendor signature required)

Issued by: Oklahoma County
Purchasing Department
320 Robert S. Kerr, Suite 203
Oklahoma City, OK 73102

Date of Issuance: 9/17/25

The purpose of this amendment is to provide questions and answers received before the question deadline. This amendment must be signed and returned with the sealed bid(s).

All other terms and conditions remain the same. This must be signed and returned with bid submittal.

Vendor Name / Address: <i>Next Level Roofing</i> <i>6515 E 153rd St</i> <i>Bixby, OK 74008</i>	Oklahoma County Central Purchasing 320 Robert S. Kerr, Suite 203 Oklahoma City, OK 73102
Printed Name/Title of Signer <i>Dustin York</i> / <i>Sales Representative</i>	Name of Purchasing Officer or Agent Lauren Adkison
Signature/Date <i>[Signature]</i> <i>10/13/25</i>	Signature/Date

Oklahoma County Purchasing Department
Amendment of Solicitation/Modification of Contract

☒ Amendment No. 1 Of Solicitation No. P26285-02- Design-Build Roof Replacement for the Oklahoma County Courthouse

The hour and date specified for receipt of offers ☒ is extended to: October 15, 2025 at 8:30 AM
☐ is not extended

Offerors must acknowledge receipt of this amendment, if required in the Description of Amendment/Modification block below, prior to the hour and date specified in the solicitation as amended by (1) signing and returning a copy of this amendment, (2) or by acknowledging receipt of this amendment on the offer submitted. Failure of your acknowledgement to be received at the place designated for receipt of offers prior to the hour and date specified may result in rejection of your offers.

☐ Modification No. _____ of Contract _____

☐ Administrative Change (Vendor signature not required)
☒ Supplemental Agreement (Vendor signature required)

Issued by: Oklahoma County
Purchasing Department
320 Robert S. Kerr, Suite 203
Oklahoma City, OK 73102

Date of Issuance: 9/18/25

The purpose of this amendment is to extend the bid due date to Wednesday October 15th by 8:30 a.m. **This amendment must be signed and returned with the sealed bid(s).**

All other terms and conditions remain the same. This must be signed and returned with bid submittal.

Vendor Name / Address: <i>Next Level Roofing</i> <i>6515 E 153rd St</i> <i>Bixby, OK 74008</i>	Oklahoma County Central Purchasing 320 Robert S. Kerr, Suite 203 Oklahoma City, OK 73102
Printed Name/Title of Signer <i>Dustin York</i> <i>Sales Representative</i>	Name of Purchasing Officer or Agent Lauren Adkison
Signature/Date <i>[Signature]</i> <i>10/13/25</i>	Signature/Date



Based on S.A&I. Form 1-4001 (2005)
Revised form for Oklahoma County approved by S.A&I. August 19, 2002

AFFIDAVIT FOR CONTRACTS AND PAYMENTS

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

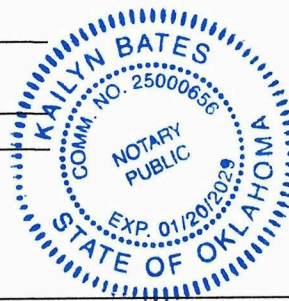
The Undersigned (Architect, Contractor, Supplier or Engineer), of lawful age, being first duly sworn, on oath states that this contract is true and correct, and that the Affiant is the Sales Representative (title) for Next Level Roofing (name of vendor), and that the affiant is authorized by the Vendor to sign this Affidavit and thereby bind both the Affiant and the Vendor.

Affiant further states that the (work, services or materials) will be (completed or supplied) in accordance with the plans, specifications, orders or requests furnished the Affiant. Affiant further states that (s)he has made no payment directly or indirectly to any elected official, officer or employee of the State of Oklahoma, any county or local subdivision of the state, of money or any other thing of value to obtain or procure the contract or purchase order.

That the Affiant understands and agrees that the Affiant, by signing this Affidavit under oath, hereby represents and warrants that the Vendor is in compliance with Resolution No. 279-99 adopted by the Board of County Commissioners of Oklahoma County [(the "Board")] on 10-4-99, which provides that no officer or employee of Oklahoma County, whether hired, elected or appointed, shall be interested, directly or indirectly, in any contract for services, work materials, supplies or equipment, or the profits thereof, or in any purchase made for or sales made by, to or with Oklahoma County, AND ALL SUCH CONTRACTS IN VIOLATION OF SUCH RESOLUTION SHALL BE ABSOLUTELY VOID; provided, however, the following shall not be in violation of such resolution: (a) contracts entered into by the Board with publicly held corporations; or (b) contracts entered into by the Board that arise from settlements or arrangements of claims or lawsuits brought by or against Oklahoma County that are being prosecuted or defended by the office of the District Attorney; (c) the depositing of funds or contracts for the depositing of funds in a bank or other depository; or (d) contracts entered into by the Board with an individual or organization that is the only reasonably available source for the work, services, or materials sought by the Board.

Next Level Roofing
Business name of Vendor, Architect, Supplier or Engineer

By [Signature]
Printed Name of Affiant: Dustin Yelk
Individually and on behalf of the Vendor



NOTARY PUBLIC (or CLERK or JUDGE)

[Signature]
Subscribed and sworn before me this 13th day of October, 20 25
My Commission Expires 01/20/2029 My Commission No. is 25000656

Note: 62 OKL.ST.ANN. §§ 310.9 (B), authorizes counties executing more than one contract, exceeding \$25,000.00 during the fiscal year, with an Architect, Vendor, Engineer or Supplier of Construction Materials to accept one affidavit applying to all work, services, or materials completed or supplied under the terms of awarded contracts, or which are needed on a continual basis; such affidavit to be in lieu of all individual affidavits for each invoice submitted in relation to such contract



OKLAHOMA COUNTY
NON COLLUSION AFFIDAVIT FORM
REQUIRED FOR COMPETITIVE BID

Date: August 28th, 2025

Bid/RFQ #: P26440-01

Description: Design-Build Roof Replacement for The Oklahoma County Court House

I, the undersigned of lawful age, being first duly sworn on oath say that he (she) is the agent authorized by the bidder to submit the attached bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any County Official or employee as to quantity, quality or price in the prospective contract or any other terms of said prospective contract; or in any discussions between bidders and any County Official concerning exchange of money or thing of value for special consideration in the letting of a contract; that the bidder/vendor has not paid, given or donated or agreed to pay, give or donate to any officer or employee of Oklahoma County (or other entity) any money or other thing of value, either directly or indirectly in the procuring of the award of a contract pursuant to this bid.

No person, firm or corporation who is convicted of or pleads guilty to a felony involving fraud, bribery, and corruption or sales to the State or to any of its political subdivisions may make sale of real or personal property to Oklahoma County.

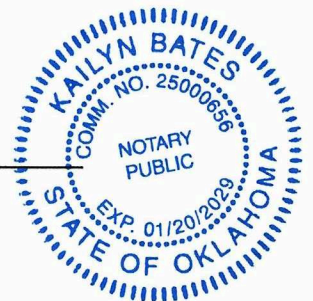
Affiant further states that full payment shall be made of all indebtedness incurred by such vendor or his subcontractor who performs work in performance of any contract using labor, and or materials or repairs to and parts for equipment used and consumed in performance of a contract with Oklahoma County. False execution of this affidavit shall constitute perjury and is punishable as provided by law.

Bidder's Name and Title (Type or Print): Dustin Yock
Bidder's Signature: [Signature] Date: 10/13/25

NOTARY PUBLIC (CLERK)

Subscribed and sworn before me this 13th day of October, 20 25.
My Commission Expires 01/20/2029 My Commission No. is 25000654

Based on S.A.&I. Form 1-4001 (2002)





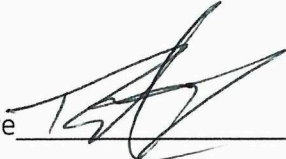
OKLAHOMA COUNTY PURCHASING
CONFLICT OF INTEREST FORM

Date: August 28th, 2025

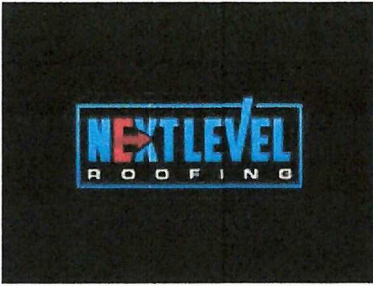
Bid/RFP #: P26440-01

Description: Design-Build Roof Replacement for The Oklahoma County Court House

I certify that neither I, nor my immediate family, to the best of my knowledge, possesses any financial interest whatsoever with any employee, officer, or agent of Oklahoma County which is in any way involved in this solicitation. Should any employee, officer, or agent of Oklahoma County in which I or my immediate family have a financial interest, receive quotes or proposals, I will reveal immediately such interest to the Director of Purchasing. Further, I acknowledge my obligation to disclose in like manner any friendships; family or social relationships; past, present, or planned employment relationships, or any other type of relationship, such as housing or transportation arrangements, which might be perceived as compromising the independent judgment in connection with this solicitation.

Date: 10/13/25 Signature: 

Name and Title: Dustin Yock Next Level Roofing

**Next Level Roofing**

Tulsa Office
6515 E 153rd st S
Bixby, OK 74008

Oklahoma City Office
PO Box 1272
Newcastle, OK 73065

Phone: (405) 274-4235

Company Representative

Dustin York
Phone: (918) 520-2122
dustin@nextlevelok.com

10/13/2025

DETAILED SCOPE OF WORK – TPO ROOFING SYSTEM

1. Remove all existing roofing materials down to the structural roof deck, including membrane, insulation, flashings, and accessories. Inspect the substrate for damage or deterioration and notify the owner or architect immediately of any compromised decking before installing new materials.
2. Furnish and install new tapered ISO insulation designed to promote positive drainage to all roof drains, scuppers, and gutters per slope requirements of a minimum one-quarter inch per foot. Layout shall ensure that no areas of ponding water remain longer than 48 hours after rainfall.
3. Mechanically fasten a continuous layer of 3-inch polyisocyanurate insulation over the deck to meet current energy code R-value requirements. Stagger insulation joints and secure per manufacturer's wind uplift requirements.
4. Adhere or mechanically attach a one-half inch high-density gypsum cover board, such as DensDeck Prime or approved equal, over the insulation system. This cover board provides additional impact resistance and meets FM Global Severe Hail Rating standards.
5. Evaluate all existing roof drainage components including scuppers, drains, and downspouts for size and capacity. Replace or enlarge scuppers as necessary to meet current code and ensure proper drainage.
6. Furnish and install a complete 60-mil single-ply TPO roofing system, either fully adhered or mechanically attached per manufacturer specifications. Include all required flashings, terminations, walk pads at service areas, and perimeter edge metal in compliance with ANSI/SPRI ES-1. All seams shall be hot-air welded and inspected for watertightness.
7. Install new termination bars, edge securement, and counterflashings at all roof perimeters and penetrations. Terminations must comply with manufacturer details to maintain eligibility for the NDL (No Dollar Limit) warranty.
8. Provide all cranes, lifts, and hoisting equipment necessary to safely remove debris and install new materials. All equipment operations shall comply with site logistics and safety requirements.
9. Identify and remove all abandoned or unused HVAC and electrical equipment from the roof surface in coordination with the owner. Cap or terminate associated utilities per applicable code.
10. Raise all active HVAC units, conduits, curbs, and sleepers to the proper elevation to meet the minimum flashing height requirement of eight inches above the finished roof surface. Provide new curbs, supports, or extensions as needed for code compliance and warranty eligibility.
11. Maintain the project site in a clean, safe condition throughout the project. Remove roofing debris, fasteners, and packaging daily. Perform final cleanup including magnetic sweeping and haul-off to an approved landfill or recycling facility.
12. Provide a 20-year No Dollar Limit (NDL) manufacturer's warranty covering both labor and materials. Warranty shall be issued after final inspection and approval by the manufacturer.

13. Implement a site-specific OSHA-compliant safety plan including fall protection, perimeter warning systems, daily toolbox talks, and equipment inspections. Maintain all required safety documentation for the duration of the project.

EXCLUSIONS


- 1. Repairs to existing roof decking or structural substrate are excluded. Any such work will be addressed by written change order if discovered during demolition.
- 2. Repairs or modifications to existing HVAC units, controls, or electrical systems are excluded except for raising and resecuring as described in this scope.
- 3. Repairs or modifications to plumbing, roof drains, or piping systems are excluded unless specifically noted in this proposal.

OK County Courthouse
320 Robert S Kerr Avenue
Oklahoma City, OK 73102
(405) 713-1485

Job: OK County Courthouse

Roofing Section

TOTAL \$944,700.00

Finance as much as \$100,000 • Starting at \$1,025/month with  Acorn FINANCE • [APPLY](#)

Customer Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2025

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 PROFESSIONAL INSURORS, LLC 7301 Broadway Ext Suite 200 Oklahoma City OK 73116	CONTACT NAME: Deborah Alexander PHONE (A/C, No, Ext): (405) 843-9191 FAX (A/C, No): (405) 843-9190 E-MAIL ADDRESS: dalexander@pi-ins.com																					
INSURED Next Level Roofing, LLC 6515 E 153rd St S Bixby OK 74008	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Gemini Insurance Co.</td><td></td></tr><tr><td>INSURER B:</td><td>Richmond National Insurance Company</td><td></td></tr><tr><td>INSURER C:</td><td>CompSource Mutual Insurance Company</td><td>36188</td></tr><tr><td>INSURER D:</td><td>Mid-Continent Casualty</td><td>23418</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Gemini Insurance Co.		INSURER B:	Richmond National Insurance Company		INSURER C:	CompSource Mutual Insurance Company	36188	INSURER D:	Mid-Continent Casualty	23418	INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master COI**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Policy Agg Capped at \$5M			VIGP0239693	01/19/2025	01/19/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & 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>Employee Benefits</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	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	Employee Benefits	\$ 1,000,000
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Employee Benefits	\$ 1,000,000																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
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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 <input type="checkbox"/> N/A			02664721 25 1	01/01/2025	01/01/2026	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
D	Inland Marine Equipment Coverage			04-CIM-005005535	12/18/2024	12/18/2025	<table><tr><td>Limit of Insurance</td><td>\$275,000</td></tr><tr><td>Deductible</td><td>\$1,000</td></tr></table>	Limit of Insurance	\$275,000	Deductible	\$1,000										
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Deductible	\$1,000																				

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

CERTIFICATE HOLDER**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

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Next Level Roofing	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 6515 E 153rd St S 6 City, state, and ZIP code Bixby, Oklahoma 74008	7 List account number(s) here (optional)
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

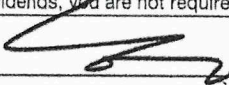
Social security number	
or	
Employer identification number	
8	8
2	5
7	8
9	1
3	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date <u>1/01/25</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2025

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 PROFESSIONAL INSURORS, LLC 7301 Broadway Ext Suite 200 Oklahoma City OK 73116	CONTACT NAME: Deborah Alexander PHONE (A/C, No, Ext): (405) 843-9191 E-MAIL ADDRESS: dalexander@pi-ins.com FAX (A/C, No): (405) 843-9190														
INSURED Next Level Roofing, LLC 6515 E 153rd St S Bixby OK 74008	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Gemini Insurance Co.</td><td></td></tr><tr><td>INSURER B: American Mercury Insurance Company</td><td>16810</td></tr><tr><td>INSURER C: Richmond National Insurance Company</td><td></td></tr><tr><td>INSURER D: CompSource Mutual Insurance Company</td><td>36188</td></tr><tr><td>INSURER E: Westchester Surplus Lines</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Gemini Insurance Co.		INSURER B: American Mercury Insurance Company	16810	INSURER C: Richmond National Insurance Company		INSURER D: CompSource Mutual Insurance Company	36188	INSURER E: Westchester Surplus Lines		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** CL255771110**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VIGP029693	01/19/2025	01/19/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & 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>Employee Benefits</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	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	Employee Benefits	\$ 1,000,000
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA350000009468	04/01/2025	04/01/2026	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			ESB-HS-UCX-00016-9-00	02/25/2025	02/25/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000										
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D	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 <input checked="" type="checkbox"/> N	N/A	02664721 25 1	01/01/2025	01/01/2026	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E	Contractors Pollution Liability			G4869133A 001	02/25/2025	02/25/2026	<table border="1"><tr><td>General Aggregate</td><td>\$2,000,000</td></tr><tr><td>Each Occurrence</td><td>\$2,000,000</td></tr><tr><td>Deductible</td><td>\$2,500</td></tr></table>	General Aggregate	\$2,000,000	Each Occurrence	\$2,000,000	Deductible	\$2,500								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**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

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