

DIVISION B - BIDDING REQUIREMENTS

BID FORM PROPOSAL - STIPULATED SUM

SECTION 00 41 14

Proposal for: Mangum Regional Medical Center Re-Roof

Owner: Mangum City Hospital Authority

Architect: ARC Architecture
701 W Sheridan, Ste 302
Oklahoma City, OK 73102

Bidder: Coontz Roofing Inc.
(COMPANY NAME)

14708 Santa Fe Crossing Dr.
(ADDRESS)

Edmond, OK 73013
(CITY, STATE)

Corporation
(TYPE OF ENTITY)

SCOPE

It is understood that the Work included under this Proposal includes all General Construction, Mechanical Work, Electrical Work and all other Work described in the Bidding Documents. It is also understood that all sales taxes are to be deleted from the Bid.

Gentlemen,

Having carefully studied and examined the Bidding Documents for the above referenced Project and having visited the Project Site and examined all conditions affecting the Project, the undersigned proposes to furnish all Work called for by said Bidding Documents for the Contract Sum set forth as follows:

BASE BID

To furnish all labor and materials in accordance with the Bidding Documents for the construction of the above described Project, complete, for the sum of:

Six hundred twenty-two thousand nine hundred Dollars.
(WRITTEN)

(\$ 622,900)
(FIGURES)

ALTERNATES

Each Bidder shall be required to bid on all alternate proposals and unit prices as listed below. Bidder shall clearly indicate his choice where add/deduct prices are required.

ALTERNATE NO. 1

The installation of a Fully Adhered Single-Ply TPO Roofing System.

ADD/DEDUCT five hundred Sixty two thousand seven hundred -fifty Dollars.
(Written)

(\$ 562,750⁰⁰)
(Figures)

UNIT PRICES

Each Bidder shall bid on all Unit Prices as listed below. Unit Price Bids shall include all overhead and profit.

UNIT PRICE NO. 1

The removal of existing damaged steel roof deck and installation of new steel roof deck in select areas to be determined once a complete tear-off of the existing roofing material has been conducted.

ADD/DEDUCT one thousand and ^{no}/₁₀₀ Dollars.
(Written)

(\$ 1,000⁰⁰)
(Figures)

PER ROOF SQAURE _____

TIME OF COMPLETION

If Awarded the Contract, the undersigned Bidder agrees to complete the Work within the following number of calendar days from the date specified in the Notice to Proceed:

() Calendar Days.

ADDENDA

The undersigned Bidder acknowledges the receipt of:

2 written or faxed Addenda; and

_____ telephone Addenda

issued during the time of bidding, and the several clarifications, modifications and changes included therein are included in this Proposal.

In submitting the Bid, the undersigned agrees that his Proposal will not be withdrawn for a period of thirty (30) calendar days from the date hereof and it is understood that the right is reserved by the Owner to reject any and all Bids and to waive informalities and irregularities.

4-30-25
Date

Scott Coonr Pres
Bidder's Signature (TITLE)

Seal: (If bid by a Corporation)

Coonr Roofing Inc

By: Scott Coonr

14708 Santa Fe Crossing Dr.

Edmond, OK 73013

0 - 405-888-8894 C-580-541-3155

----- END OF SECTION -----

DIVISION A- BIDDING REQUIREMENTS

NONCOLLUSION AFFIDAVIT

SECTION 00 45 19

STATE OF Oklahoma)
COUNTY OF Oklahoma) ss.

Scott Coontz, of lawful age, being first duly sworn, an oath says that Scott Coontz 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 Government Official or employee or representative 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 Government Official or employee or representative concerning exchange of money or other thing of value for special consideration in the letting of a Contract; that the Bidder has not paid, given or donated or agreed to pay, give or donate to any officer or employee of the Government (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.

Coontz Holding, Inc.
Company Name
Scott Coontz
By
President
Title

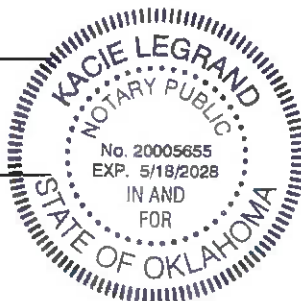
4-30-25
Date

Subscribed and sworn to me before this 30th day of April, 2025.

Kacie Legrand
Notary Public

May 18, 2028
My commission expires:

Execute and include with Bid Proposal.



-----END OF SECTION-----

DIVISION A - BIDDING REQUIREMENTS

BUSINESS RELATIONSHIP AFFIDAVIT

SECTION 00 45 21

STATE OF Okla.

) ss.

COUNTY OF Okla

Scott Coontz, of lawful age, being first duly sworn, an oath says that Scott Coontz is the Agent authorized by the Bidder to submit the attached Bid. Affiant further states that the nature of any partnership, joint venture, or other business relationship presently in effect or which existed within one (1) year prior to the date of this statement with the Architect, Consulting Engineer, or other party to the project is as follows:

NONE

Affiant further states that any such business relationship presently in effect or which existed within one (1) year prior to the date of this statement between any officer or director of the bidding company and any officer or director of the architect, consulting engineer, or other party to the Project is as follows:

NONE

Affiant further states that the names of all persons having any such business relationships and the positions they hold with their respective companies or firms are as follows:

NONE

(If none of the business relationships hereinabove mentioned exist, affiant should so state.)

Coontz Roofing, Inc.
Company Name

Scott Guff Pres
Signature and Title

4-30-25
Date

Subscribed and sworn to me before this 30th day of April, 2025

Kacie Legrand
Notary Public

May 18, 2028
My commission expires



Execute and include with Bid Proposal.

-----END OF SECTION-----

**00430
BID BOND**

BIDDER (Name and Address):

Coontz Roofing Inc
14708 Santa Fe Crossings Dr.
Edmond, OK 73013

SURETY (Name and Address):

Merchants National Bonding, Inc.
P.O. Box 14498, Des Moines, IA 50306-3498

OWNER (Name and Address):

City of Mangum
201 N Oklahoma Ave.
Mangum, OK 73554

BID

BID DUE DATE: May 1, 2025
PROJECT (Brief Description Including Location):
Mangum Regional Medical Center Reroof

BOND

BOND NUMBER: 497105
DATE (Not later than Bid due date): May 1, 2025
PENAL SUM: Five Percent of Bid Amount 5 %
(Words) (Figures)

IN WITNESS WHEREOF, Surety and Bidder, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Bid Bond to be duly executed on its behalf by its authorized officer, agent, or representative.

BIDDER

Coontz Roofing Inc (Seal)
Bidder's Name and Corporate Seal
By: Scott Cuy Pres
Signature and Title

Attest:

Atty Gen. Mangum
Signature and Title

SURETY

Merchants National Bonding, Inc. (Seal)
Surety's Name and Corporate Seal
By: Wendy Hollen
Signature and Title
(Attach Power of Attorney)
Wendy Hollen Attorney-in-Fact

Attest:

Je
Signature and Title

Note: (1)
(2)

Above addresses are to be used for giving required notice.
Any singular reference to Bidder, Surety, OWNER or other party shall be considered plural where applicable.

00430-1

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to pay to OWNER upon default of Bidder the penal sum set forth on the face of this Bond.
2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by OWNER) the executed Agreement required by the Bidding Documents and any performance and payment Bonds required by the Bidding Documents.
3. This obligation shall be null and void if:
 - 3.1. OWNER accepts Bidder's Bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by OWNER) the executed Agreement required by the Bidding Documents and any performance and payment Bonds required by the Bidding Documents, or
 - 3.2. All Bids are rejected by OWNER, or
 - 3.3. OWNER fails to issue a Notice of Award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by paragraph 5 hereof).
4. Payment under this Bond will be due and payable upon default by Bidder and within 30 Calendar Days after receipt by Bidder and Surety of written notice of default from OWNER, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the amount due.
5. Surety waives notice of and any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by OWNER and Bidder, provided that the total time for issuing Notice of Award including extensions shall not in the aggregate exceed 120 days from Bid due date without Surety's written consent.
6. No suit or action shall be commenced under this Bond prior to 30 Calendar Days after the notice of default required in paragraph 4 above is received by Bidder and Surety and in no case later than one year after Bid due date.
7. Any suit or action under this Bond shall be commenced only in a court of competent jurisdiction located in the state in which Project is located.
8. Notices required hereunder shall be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.
9. Surety shall cause to be attached to this Bond a current and effective Power or Attorney evidencing the authority of the officer, agent or representative who executed this Bond on behalf of Surety to execute, seal and deliver such Bond and bind the Surety thereby.
10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.
11. The term "Bid" as used herein includes a Bid, offer or proposal as applicable.

00430-2

MERCHANTS
BONDING COMPANY
POWER OF ATTORNEY

Bond #: 497105

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Wendy Hollen

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and April 27, 2024 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015 and amended on April 27, 2024.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 1st day of May, 2025.



MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

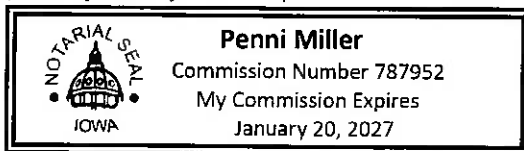
By

Larry Taylor

President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 1st day of May, 2025, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



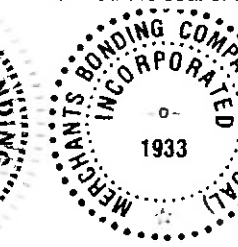
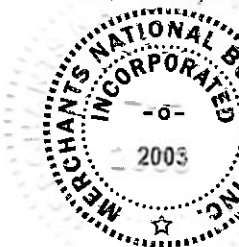
(Expiration of notary's commission
does not invalidate this instrument)

Penni Miller

Notary Public

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 1st day of May, 2025.



Elisabeth Sandersfeld

Secretary

3.12 ROOFING INSTALLER

- A. Per the "Informational Submittals" paragraph of this Section, all bidding installers must submit the following documentation with the bid and with the Project Submittal package.
- B. **FAILURE TO MEET ALL REQUIREMENTS** of this Specification and/or failure to include this Qualification Statement with supporting documentation will result in forfeiture of the bid award:
- C.
- 1) Provide the name and phone number of the Manufacturer whose product(s) you intend to provide on this project:
 - i. Manufacturer: Carlisle
 - ii. Phone Number: 405-401-2920
 - 2) Submit evidence of a minimum of five (5) No Dollar Limit guaranteed projects, of the same type of roofing system specified, from approved roofing system Manufacturer, including project name, date of completion, and Owner contact information (attach documentation);
 - 3) Submit a Letter of Certification from Manufacturer, stating that the Company has been certified for a minimum of eight (8) years to perform the type of roofing system specified (attach documentation);
 - 4) Submit a copy of Umbrella Liability Insurance Policy for current coverage year and prior coverage year in the minimum amount of \$4,000,000 (attach documentation);
 - 5) Submit documentation from NCCI stating that your Company has an Experience Modification Rating (EMR) of 1.0 or less (attach documentation);
 - 6) Submit payroll documentation for pay-period of roof installation and three months prior to installation. Project manager, job-site superintendent, and all roof installers must be permanently employed by Roofing Installer. No subcontracting of roof installation is permitted (attach documentation);
 - 7) Submit documentation stating that all roofing related sheet metal fabrication is provided by the Manufacturer or performed on the Company premises (no subcontracting of sheet metal fabrication or installation will be accepted). Provide evidence that all edge metal is ANSI/SPRI Certified, and meets ES-1 Wind Design criteria (attach documentation);
 - 8) Submit evidence of compliance with Oklahoma Bill #2180 "Roofing Contractor Registration Act", and current Commercial Endorsement with Oklahoma Construction Industries Board (attach documentation);
 - 9) Submit evidence that all torch application CERTA card holders performing torch applied roofing membrane installations on this Project are full-time employees of the Company. Provide copies of cards for all those that will be performing work on this project (attach documentation)

Scott Coontz
Signature

Scott Coontz
Printed Name

Coontz Roofing Inc.
Company

Pres
Title

----- END OF SECTION -----



April 30, 2025

COONTZ ROOFING
14708 SANTA FE CROSSING DRIVE
EDMOND, OK 73013-3445
US

Project: Mangum Regional Medical Center

To Whom It May Concern:

This letter is to confirm that COONTZ ROOFING in EDMOND, OK is a Carlisle Authorized Applicator.

This Applicator has been awarded with the following awards:

ESP 2021, ESP 2011, Centurion, FleeceBACK Champions, FleeceBACK Champions 2017, ESP 2022, Perfection Award 2022, ESP 2024, Perfection Award 2023, Perfection Council 2023, Perfection Council 2024, FleeceBACK Champions 2023, ESP 2025, Perfection Award 2025, Perfection Council 2025

If you should have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Troche".

Rebecca Troche

/ems

Job Rating

3.10 ROOFING INSTALLER

- A. Per the "Informational Submittals" paragraph of this Section, all bidding installers must submit the following documentation with the bid and with the Project Submittal package.
- B. **FAILURE TO MEET ALL REQUIREMENTS** of this Specification and/or failure to include this Qualification Statement with supporting documentation will result in forfeiture of the bid award:
- C.
- 1) Provide the name and phone number of the Manufacturer whose product(s) you intend to provide on this project:
 - i. Manufacturer: JM
 - ii. Phone Number: 918-906-4862
 - 2) Submit evidence of a minimum of five (5) No Dollar Limit guaranteed projects, of the same type of roofing system specified, from approved roofing system Manufacturer, including project name, date of completion, and Owner contact information (attach documentation);
 - 3) Submit a Letter of Certification from Manufacturer, stating that the Company has been certified for a minimum of eight (8) years to perform the type of roofing system specified (attach documentation);
 - 4) Submit a copy of Umbrella Liability Insurance Policy for current coverage year and prior coverage year in the minimum amount of \$4,000,000 (attach documentation);
 - 5) Submit documentation from NCCI stating that your Company has an Experience Modification Rating (EMR) of 1.0 or less (attach documentation);
 - 6) Submit payroll documentation for pay-period of roof installation and three months prior to installation. Project manager, job-site superintendent, and all roof installers must be permanently employed by Roofing Installer. No subcontracting of roof installation is permitted (attach documentation);
 - 7) Submit documentation stating that all roofing related sheet metal fabrication is provided by the Manufacturer or performed on the Company premises (no subcontracting of sheet metal fabrication or installation will be accepted). Provide evidence that all edge metal is ANSI/SPRI Certified, and meets ES-1 Wind Design criteria (attach documentation);
 - 8) Submit evidence of compliance with Oklahoma Bill #2180 "Roofing Contractor Registration Act", and current Commercial Endorsement with Oklahoma Construction Industries Board (attach documentation);
 - 9) Submit evidence that all torch application CERTA card holders performing torch applied roofing membrane installations on this Project are full-time employees of the Company. Provide copies of cards for all those that will be performing work on this project (attach documentation)

Scott Coontz
Signature

Scott Coontz
Printed Name

Coontz Roofing Inc.
Company

Pres
Title

----- END OF SECTION -----



September 11, 2024

COONTZ ROOFING INC
14708 SANTA FE CROSSING DRIVE
EDMOND, OK 73013

Phone: 1-405-888-8894
Fax:

To Whom It May Concern:

Please be advised that a Johns Manville Approved Roofing Contractor Agreement (the "Agreement") presently exists between Johns Manville Roofing Systems Group and the above named contractor located at the above address. The Agreement stipulates that Johns Manville will issue Peak Advantage Guarantees for Johns Manville systems listed below.

<u>System</u>	<u>Term</u>
APP;SBS Asphalt Applied;SBS Heat Welded;SBS Cold Applied;SBS Self Adhered;PVC;TPO;Liquid Applied	all

These guarantees will be issued to the above-named contractor in accordance with all procedures and requirements of the Johns Manville Peak Advantage Guarantee Program. This Agreement is subject to cancellation by either Johns Manville Roofing Systems Group or the above named contractor upon thirty (30) days written notice to the other party of the Agreement.

Sincerely,

Guarantee Services

For questions related to this communication, please contact:

Guarantee Services
Johns Manville Roofing Systems
10100 W. Ute Avenue | Mailstop R-15 | Littleton, CO 80127
GSU@jm.com | 800.922.5922 | Fax: 877.403.1747

SERVICE CONTRACTS
Active Contracts

Export List

Show 10 entries

Search:

TRACKING #	SERVICE CONTRACT	GUARANTEE NUMBER	ROOF TYPE	TOTAL SQS	TERM	RECORD TYPE	START DATE	BALANCE DUE	BRANCH
8048865	Grove Valley Elementary Addition	ANM118048865	SBS	25	20 Year	Guarantee	2021/05/20	TBD	EDMOND, I
8058244	GRDA Administrative Center	GNM118058244	SBS	250	25 Year	Guarantee	2022/09/22	TBD	EDMOND, I
8067327	North Hill Medical Building	ANM118067327	SBS	140	20 Year	Guarantee	2022/04/01	TBD	EDMOND, I
8067340	Elkview Physicians Group	ANM118067340	SBS	130	20 Year	Guarantee	2022/04/01	TBD	EDMOND, I
8067418	Elkview General Hospital	ANM118067418	SBS	465	20 Year	Guarantee	2022/04/01	TBD	EDMOND, I
8067419	Elkview General Hospital ED Addition	ANM118067419	SBS	55	20 Year	Guarantee	2022/04/01	TBD	EDMOND, I

Showing 1 to 6 of 6 entries

Previous

1

Next

OKLA -



KANSAS - 18-017882

ARKANSAS - 0451000524



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COONTZ ROOFING CO INC

Risk ID: 350049592

Rating Effective Date: 07/01/2025

Production Date: 04/22/2025

State: OKLAHOMA

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses	Split Point
OK	.16	83,626	130,722	47,096	0	43,700	1,935	1,935	19,000
OK-A	.16	3,809	5,952	2,143	0	43,700	0	0	19,000
OK-B	.16	0	0	0	0	43,700	0	0	19,000
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses	
.16		87,435	136,674	49,239	0	43,700	581	581	

	Primary Losses		Stabilizing Value		Ratable Excess	Totals
	(I)		C * (1 - A) + G		(A) * (F)	(J)
Actual	581		117,145		0	117,726
	(E)		C * (1 - A) + G		(A) * (C)	(K)
Expected	49,239		117,145		13,990	180,374
	ARAP		FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00					(J) / (K) .65

REVISED RATING

NCCI'S EXPERIENCE RATING WORKSHEET SUMMARY PAGE NOW INCLUDES A COLUMN FOR THE STATE'S APPROVED PRIMARY/EXCESS LOSS SPLIT POINT,

APPLICABLE TO THE RATING EFFECTIVE DATE.

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS

DOLLARS WHERE ERA IS APPLIED.

REVISED RATING TO INCLUDE UPDATED DATA FOR: OK, POL. #: 2454328691, EFF.: 09/18/2023

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EXCELLENCE IN SINGLE-PLY

PRESS RELEASE

FOR IMMEDIATE RELEASE

Media Contact:

Annie McCarren

717.960.4420

annie.mccarren@carlisesyntec.com

Coontz Roofing Receives Carlisle's 2025 Excellence in Single-Ply Award

(CARLISLE, PENNSYLVANIA) – Carlisle SynTec Systems, a leading manufacturer and supplier of single-ply roofing systems, recently honored **Coontz Roofing** with its 2025 Excellence in Single-Ply (ESP) Award. Created in 1998 to recognize Carlisle's foremost Authorized Applicator partners, ESP has become one of the best-known and most prestigious awards in the commercial roofing industry.

Carlisle selects ESP Award winners based on a number of metrics, including workmanship quality and sales volume. Inclusion in ESP is an acknowledgment that a contractor is an industry leader who consistently delivers outstanding service and first-rate installations.

Carlisle appreciates Authorized Applicators who demonstrate their commitment to high-performance products and outstanding workmanship on each and every job. **Coontz Roofing** shares Carlisle's dedication to roofing excellence and consistently exemplifies this philosophy in the field," said Steve Schwar, President of Carlisle Construction Materials.

Coontz Roofing stands out among 140 Authorized Applicators in North America as a recipient of the prestigious 2025 ESP Award from Carlisle SynTec Systems. This award, presented annually, celebrates its 28th anniversary this year. **Coontz Roofing** has emerged as a premier commercial roofing company in both the U.S. and Canada. Their commitment to quality, service, and customer satisfaction is unparalleled. Discover how you can benefit from **Coontz Roofing's** exceptional services today.

About Carlisle SynTec Systems: Carlisle SynTec Systems, headquartered in Carlisle, Pa., has been manufacturing single-ply membrane roofing systems for more than half a century. Carlisle SynTec Systems is a business segment of Carlisle Construction Materials, LLC, and has membrane manufacturing facilities in Carlisle, Pa.; Greenville, Ill.; Senatobia, Miss.; Tooele, Utah; and Sikeston, Mo. For more information, call 800.479.6832 or visit www.carlisesyntec.com.

#####

P.O. Box 7000 Carlisle, PA 17013 Phone: 800.479.6832 Fax: 717.245.7053 www.carlisesyntec.com





14708 Santa Fe Crossing Drive, Edmond, OK 73013

(405)888-8894

To Whom It May Concern:

All Project Managers, Superintendents, and all installers of roofing and sheet metal on this project are full time employees of Coontz Roofing. No subcontracting of labor or fabrication of materials used including sheet metal will be performed outside of Coontz Roofing.

Coontz Roofing owns and operates its own ANSI/SPRI sheet metal shop and creates ES-1 profiles


Scott Coontz

President

Coontz Roofing, Inc.

14708 Santa Fe Crossing Dr., Edmond, OK 73013

C: 580.541.3155

P: 405.888.8894

F: 405.888.8890

E: scott.coontz@coontzroofing.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2024

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 Insurance Agency of Mid America Inc 10009 S. Penn. Building E P. O. Box 890300 Oklahoma City OK 73189	CONTACT NAME: Brandy Jones PHONE (A/C, No, Ext): (405) 691-0016 FAX (A/C, No): (405) 691-0415 E-MAIL ADDRESS: bjones@midamericainc.com																					
INSURED Coontz Roofing, Inc. 14708 Santa Fe Crossings Dr. Edmond OK 73013-3445	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Continental Casualty Company</td><td>20433</td></tr><tr><td>INSURER B:</td><td>Valley Forge Insurance Co</td><td>20508</td></tr><tr><td>INSURER C:</td><td>Homesite Ins Co</td><td>17221</td></tr><tr><td>INSURER D:</td><td>Columbia Casualty Co</td><td>31127</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:	Continental Casualty Company	20433	INSURER B:	Valley Forge Insurance Co	20508	INSURER C:	Homesite Ins Co	17221	INSURER D:	Columbia Casualty Co	31127	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 2024/2025 Casualty**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"/> PROJECT <input type="checkbox"/> LOC OTHER:			6013932632	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> 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			6014131729	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CXP02093901	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	6081155705	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Contractors Pollution Liability			6078743068	07/01/2023	07/01/2024	Per Occurrence \$ 2,000,000 Aggregate \$ 2,000,000 Self-insured Retention \$ 10,000

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

Coverage is subject to the insuring agreements, conditions & exclusions in the policy forms.

CERTIFICATE HOLDER**CANCELLATION**

INSURED'S COPY BIDDING PURPOSES ONLY

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2024

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

Ref: 02/20/2024 - Work at Mid-America Center 700 SW 10th St, Oklahoma City, OK 73106-3746.

As required by written contract, Carlsbad, Inc. and Walmart, Inc. are included as additional insureds as respects General Liability, Auto Liability, Workers Compensation and Excess Liability. Waiver of Subrogation applies in favor of additional insureds as respects General Liability, Auto Liability, Workers Compensation and Excess Liability. Thirty (30) days Notice of Cancellation applies except 10 days if no non-payment of premium. Coverage is subject to the insuring agreements, conditions & exclusions in the policy forms.

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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