

Attachment A
BID# 25.122
Traffic Signals

PRICING SUMMARY

Note: Pricing is to be firm through June 30, 2025.

| All items must be quoted F.O.B. Destination, Freight Prepaid. | | | | |
|---|------|---|------------|-------------|
| Qty | Unit | Description (OR EQUIVALENT) | Unit Price | Total |
| 9 | EA | POLY 4 SECTION 12" POLY TRAFFIC SIGNAL WITH OPTICS (1 RED, 2 YELLOW, 1 GREEN ARROW'S) YELLOW BODY, BLACK DOORS & VISORS | \$365.00 | \$3,285.00 |
| 9 | EA | PELCO 9" ARM KIT AND 58" GUSSETTED (AS-0125) WITH 96" CABLE (BLACK) | \$240.00 | \$2,160.00 |
| 9 | EA | 4 SECTION, 12" ALUMINUM LOUVERED BACKPLATE FOR POLY HEAD W/2" REFLECTIVE TAPE, MULTI PIECE | \$ 98.00 | \$ 882.00 |
| 56 | EA | POLY 3 SECTION 12" POLY TRAFFIC SIGNAL WITH OPTICS (1 RED, 1 YELLOW, 1 GREEN BALL) YELLOW BODY, BLACK DOOR & VISOR'S | \$266.00 | \$14,896.00 |
| 56 | EA | PELCO 9" ARM KIT AND 46" GUSSETTED (AS-0125) WITH 96" CABLE (BLACK) | \$230.00 | \$12,880.00 |
| 56 | EA | 3 SECTION 12" ALUMINUM LOUVERED BACKPLATE FOR POLY HEAD W/2" REFLECTIVE TAPE, MULTI PIECE | \$ 80.00 | \$4,480.00 |
| 24 | EA | POLY PED HEADS YELLOW BACK, BLACK FRONT WITH COUNTDOWN LED'S (COMPLETE WITH MOUNTING HARDWARE) INCLUDING CLAMSHELL & EGGCRATE VISOR (12L & 12R) | \$320.00 | \$7,680.00 |
| 24 | EA | ADA PUSH BUTTONS (WITH ADJUSTABLE ARROW) YELLOW SE-2162-1-P29 | \$170.00 | \$4,080.00 |

Do NOT include sales tax, Broken Arrow is tax exempt.

Comments: Clarify colors when ordering. Signals are yellow/black but brackets are finished black.
 Prices include shipping. ADA button quoted is Pelco SE-2162-1-P29, Yellow finish.

| | |
|--------------------|--------------------|
| GRAND TOTAL | \$50,343.00 |
|--------------------|--------------------|

Attachment A (continuation)

1. List other optional services along with pricing.

_____ \$ _____

2. List any value-added services and / or volume discount information.

Name of Bidder: Gades Sales Company, Inc.

Email Address: squaney@gadestraffic.com

Telephone Number: 316-943-1219

Comments/Notes: _____

Attachment B

References

Provide a listing of at least three (3) references, preferably school districts but certainly companies of similar size/volume, for whom you have provided these services within the last three (3) years.

(1) Customer Name: City of Tulsa Telephone: 918-697-6983

Contact Name: Bill Bartels Title: Traffic Signal Maintenance Supervisor

Address: 4015 N. Harvard Ave, Tulsa, OK, 74115

Email Address wbartels@cityoftulsa.org

(2) Customer Name: City of Oklahoma City Telephone: 405-409-4622

Contact Name: Wayne Gibson Title: Traffic Supervisor

Address: 3738 SW 15th, Bldg 16, Oklahoma City, OK 73108

Email Address wayne.gibson@okc.gov

(3) Customer Name: City of Wichita Telephone: 316-655-6097

Contact Name: Kevin Shore Title: Traffic Supervisor

Address: 1801 S. McLean Blvd, Wichita, KS 67213

Email Address kshore@wichita.gov

Attachment C

INTEREST AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Kansas

COUNTY OF: Sedgwick

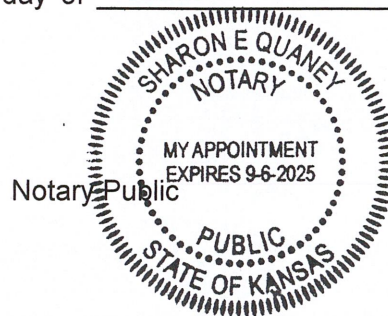
Anthony Mohatt, Of lawful age, being first duly sworn, states that s(he) is the agent authorized by the bidder to submit the attached proposal. Affiant further states that no officer or employee of the City of Broken Arrow either directly or indirectly, owns a twenty-five percent (25%) interest in the bidder's business or such a percentage, which constitutes a controlling interest. Affiant furthers states that the following officers and/or employees of the City of Broken Arrow have some direct or indirect interest in the bidder's business:

For purposes of this affidavit, a direct or indirect interest is defined to include any relationship existing on the date of this affidavit, or which previously existed within the past year. Such an interest shall also be defined to include any business relationship between or among the proposed parties to the contract project and also to include any business relationship between the officers and directors of the proposed contracting parties of the project.

X *Anthony Mohatt*

Subscribed and Sworn to before me this 18th day of October
20 24

My Commission Expires 9/6/2024
Sharon E. Quaney



Attachment D

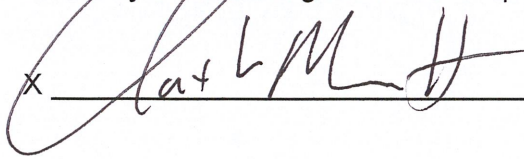
PROPOSAL AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Kansas

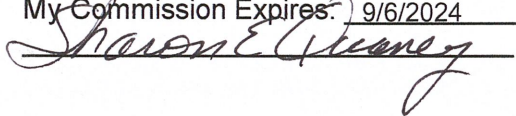
COUNTY OF: Sedgwick

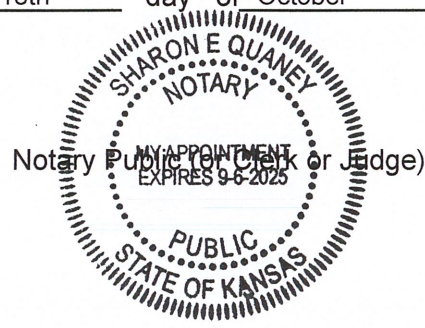
Anthony Mohatt, of lawful age, being first duly sworn, on oath says: 1. (S)he is the duly authorized agent of Gades Sales Company, Inc., the proposer submitting the competitive offer which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among proposer and between proposer and city officials or employees, as well as facts to pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the offer to which this statement is attached; 2. (S)he is fully aware of the facts and circumstances surrounding the making of the offer to which this statement is attached and has been personally and directly involved in the proceeding leading to the submission of such proposal; and 3. neither the proposer nor anyone subject to the proposer's direction or control has been a party: a). to any collusion among proposers in restraint of freedom of competition by agreement to submit an offer at a fixed price or to refrain from submitting an offer, b). to any collusion with any city official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor c) in any discussions between proposers and any city official concerning exchange of money or other things of value for special consideration in the letting of a contract.

X 

Subscribed and sworn to before me this 18th day of October
20_24

My Commission Expires: 9/6/2024







GADESAL-01

JCABRALES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2024

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 Center, Inc. (ICI) 120 W. Central Ave. El Dorado, KS 67042-2138 | CONTACT NAME: Tonia Meese PHONE (A/C, No, Ext): (316) 621-4928 E-MAIL ADDRESS: tmeese@ici.insurance | FAX (A/C, No): (316) 321-5625 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Gades Sales Co. 5801 W. Harry Wichita, KS 67209-2931 | INSURER A : EMC Property & Casualty Company | | 25186 |
| | INSURER B : EMPLOYERS MUTUAL CASUALTY COMPANY | | 21415 |
| | INSURER C : EMCASCO Insurance Company | | 21407 |
| | INSURER D : | | |
| | INSURER E : | | |
| INSURER F : | | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

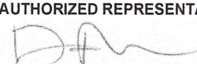
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 1D56173 | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | | | | | | | 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 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate Limit | | | | | | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 1E56173 | 10/1/2024 | 10/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | <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 | | | 1J56173 | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE \$ 2,000,000 |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ 2,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | | 1H56173 | 10/1/2024 | 10/1/2025 | <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 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Subject to policy forms, terms, conditions, limitations, and exclusions

Certificate Holder is included as Additional Insured on the General Liability Policy if required by written contract or agreement subject to the policy terms and conditions. Policy Forms are available upon request.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| City of Broken Arrow 1700 West Detroit Broken Arrow, OK 74012 | 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  |