



Administrative Services

Purchasing Division

October 12, 2005

Waste-Not Recycling
1065 Poplar Street
Loveland, CO 80537

Attn: Anita Comer

Re: Bid #5001 Recycling – Office Program

The City of Fort Collins has elected to renew Bid #5001 Recycling – Office Program for the City of Fort Collins with your firm. The terms and conditions of this renewal will be the same as stated in the original bid documents and including any recent increases. Also, please include a Price list for the recycling of computer equipment (monitors, CPUs, printers, scanners, copiers, fax machines), cell phones, and other electronic devices for the next one-year period.

If the renewal is acceptable to your firm, please sign this letter in the space provided and return along with a current copy of your insurance to the City of Fort Collins, Purchasing Division, before November 4 2005. **If delivered**, please deliver to 215 North Mason Street, 2nd floor, Fort Collins, CO 80524. **If mailed**, the mailing address is P.O. Box 580, Fort Collins, CO 80522-0580.

If this renewal is not acceptable with your firm, please send us a written notice stating that you do not wish to renew the bid. If you have any questions regarding this renewal, please contact Ed Bonnette, C.P.M., CPPB, Buyer, at 970-416-2247.

Sincerely,


James B. O'Neill II, CPPO, FNIGP
Director of Purchasing and Risk Management


Signature

10-14-05
Date

(Please indicate your desire to renew Bid #5001 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before November 4, 2005.)

Post-it® Fax Note	7671	Date	10/31/05	# of pages	3
To	SHARLES BLUMS	From	ED BONNETTE		
Co./Dept	NATURAL RES.	Co.	PURCHASING		
Phone #	221-6264	Phone #	2247		
Fax #	224-6277	Fax #	1797		

Electronics Recycling Prices

TV's	\$10
Computers	
Monitors 19" and up	\$10
Monitors less than 18"	\$8
CPU's	\$2
Printers	\$5
Scanners	\$5
Faxes	\$5
Copiers	\$.18 per pound
Peripherals	No charge
Mice	
Keyboards	
Cables	
Manuals/Software	
Laptops	No charge
Servers	No charge
Cell phones	No charge
UPS's	
Small	\$5
Medium	\$10
Large	\$15

Waste-Not Recycling



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR JD
EARTH-3

DATE (MM/DD/YYYY)

06/14/05

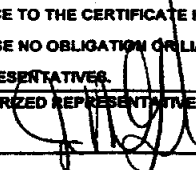
PRODUCER LBN Insurance Agency-GR 3459 W 20th Street Suite 224 Greeley CO 80634 Phone: 970-356-1133 Fax: 970-356-4088	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Earth Enterprises, Inc. dba Waste Not Recycling 1065 Poplar Street Loveland, CO 80537	INSURER A: Mountain States Mutual Cas. Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <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	CPP009934202	06/03/05	06/03/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ Included								
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP009934202	06/03/05	06/03/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$							
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UMB009934202	06/03/05	06/03/06	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A			<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER City of Fort Collins P.O. Box 580 Fort Collins, CO 80522-0580	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
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