

Administrative Services  
Purchasing Division

NOV 5 2001

October 22, 2001

Porter Industries  
P O Box 27  
Loveland, CO 80537

Attn Ken Sargent


Re Bid #5300 Carpet Maintenance Project

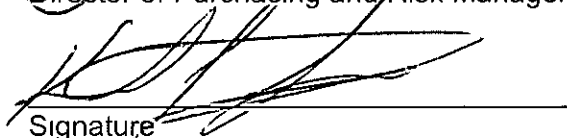
The City of Fort Collins has elected to renew Bid #5300 Carpet Maintenance Project for the City of Fort Collins with your firm. The terms and conditions of this renewal will be the same as stated in the original bid documents and including any change orders implemented during the course of the contract. The term will be extended for one (1) additional year, January 1, 2002 through December 31, 2002.

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 5, 2001. **If delivered**, please deliver to 215 North Mason Street, 2<sup>nd</sup> Floor, Fort Collins, CO 80524. **If mailed**, the mailing address is P O Box 580, Fort Collins, Colorado 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 James B. O'Neill II, CPPO, FNIGP, Director of Purchasing and Risk Management, at 970-221-6775.

Sincerely,

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

  
Signature

10-29-01  
Date

(Please indicate your desire to renew Bid #5300 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before November 5, 2001.)

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** OP ID P7 DATE (MM/DD/YY)  
 FORTE-1 09/19/01

**PRODUCER**  
 Riedman Insurance-Fort Collins  
 Division of Brown & Brown, Inc  
 125 S Howes, 5th Floor  
 Fort Collins CO 80522-226  
 Phone 970-482-7747 Fax 970-484-4165

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

**INSURED**  
  
 Porter Industries Inc  
 P O Box 27  
 Loveland CO 80537

**INSURERS AFFORDING COVERAGE**

INSURER A	KEMPER INSURANCE COMPANY
INSURER B	UNITRIN
INSURER C	Pinnacol Assurance
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input 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	TKP623360-00	04/30/01	04/30/02	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS Comp \$25,000 Coll \$25,000	CA753370101	04/30/01	04/30/02	COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
D	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	4038253	07/01/01	07/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
					E L EACH ACCIDENT	\$ 500000
					E L DISEASE EA EMPLOYEE	\$ 500000
					E L DISEASE POLICY LIMIT	\$ 500000
	OTHER					\$ 5,000

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

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED</b>	<b>INSURER LETTER</b>	<b>CANCELLATION</b>
City of Fort Collins Carpet Maintenance Joan Barrie P O Box 580 Fort Collins CO 80522	N	CITYFT7	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 Matthew Hughes

ACORD 25-S (7/97)