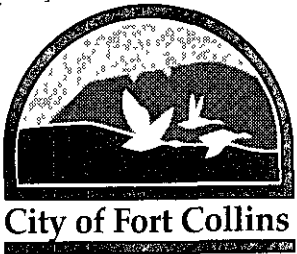


1-00 4th of July Fireworks
us-Renew before 03-31-2001
on Date-Send ren. ltr 12-01-00
ntract term 04-01-98 - 03-31-99
th 4 1yr. renewals ('99,'00,'01,'02)
ent Bid #5245 ('98)
ent Vendor- Pyrotecnico, Denver

Called 12/15/00 [Signature]

PLEASE Renew per Bob ~~Lowen~~ [Signature]
12/18/00 [Signature]



Administrative Services
Purchasing Division



December 16, 1999

Pyrotechnico
P O Box 22582
Denver, CO 80222

Attn Stephen Vitale

Re Bid #5245 4th of July Fireworks

The City of Fort Collins has elected to renew Bid #5245 4th of July Fireworks 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.

If the renewal is acceptable to your firm, please sign this letter and the attached Bid Schedule in the space provided and return both along with a current copy of your insurance to the City of Fort Collins, Purchasing Division, 256 W Mountain, Fort Collins, CO 80521, before December 31, 1999.

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 John Stephen, CPPB, Buyer, at 970-221-6777.

Sincerely,

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

Signature

12 22 99

Date

(Please indicate your desire to renew Bid #5245 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before December 31, 1999.)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
4/30/99

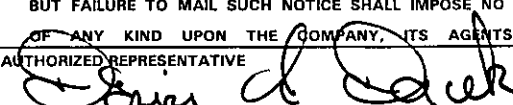
PRODUCER Britton-Gallagher & Assoc 6240 SOM Center Rd Cleveland, OH 44139-2985	440-248-4711	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW
COMPANIES AFFORDING COVERAGE		
COMPANY A Lexington Insurance Co		
COMPANY B Granite State Insurance Co		
COMPANY C American Interstate Ins Co		
COMPANY D		

INSURED Pyrotecnico P O Box 149 New Castle PA 16103	
---	--

COVERAGES
 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

CO LTR	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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	8534949	3/29/99	3/29/00	GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 500000
					MED EXP (Any one person) \$
B	AUTOMOBILE LIABILITY <input checked="" 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	002412	3/29/99	3/29/00	COMBINED SINGLE LIMIT \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$
					OTHER THAN AUTO ONLY
					EACH ACCIDENT \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	5640652	3/29/99	3/29/00	EACH OCCURRENCE \$ 9000000
					AGGREGATE \$ 9000000
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	98WCPA125258	5/27/98	5/27/99	WC STATU-TORY LIMITS
					OTHT-ER
					EL EACH ACCIDENT \$ 1000000
					EL DISEASE POLICY LIMIT \$ 1000000
	EL DISEASE - EA EMPLOYEE \$ 1000000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Fireworks Display: July 4, 1999
 Location: West Side of Sheldon Lake in City Park
 Additional Insured: City of Fort Collins

CERTIFICATE HOLDER City of Fort Collins 256 West Mountain Avenue 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 COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE 
--	---

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

Britton-Gallagher & Assoc
6240 SOM Center Rd.
Cleveland, OH 44139-2985

440-248-4711

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

COMPANIES AFFORDING COVERAGE

COMPANY A Lexington Insurance Co

COMPANY B Granite State Insurance Co

COMPANY C American Interstate Ins Co

COMPANY D

INSURED

Pyrotecnico
P.O. Box 149
New Castle PA 16103

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	8534949	3/29/99	3/29/00	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNER S & CONTRACTOR S PROT				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 500000
					MED EXP (Any one person) \$
B	AUTOMOBILE LIABILITY	CA331-82-16 <i>256,435.7355</i>	3/29/99	3/29/00	COMBINED SINGLE LIMIT \$ 100000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON OWNED AUTOS				OTHER THAN AUTO ONLY
					EACH ACCIDENT \$
	GARAGE LIABILITY				AGGREGATE \$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 900000
					AGGREGATE \$ 900000
A	EXCESS LIABILITY	6640652	3/29/99	3/29/00	
	<input checked="" type="checkbox"/> UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	99WCPA125258	5/27/99	5/27/00	WC STATUTORY LIMITS OTH ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 100000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 100000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 100000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

970 221-6707 John Stevens

CERTIFICATE HOLDER

COPY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD 25-9 (1/95)

ACORD CORPORATION 1988