



Financial Services  
Purchasing Division  
215 North Mason Street  
2nd Floor  
PO Box 580  
Fort Collins, CO 80522  
970.221.6775  
970.221.6707 - fax  
fcgov.com/purchasing

Received 2-22-11  
*[Signature]*

January 10, 2011

JKG Consulting Inc  
Attn: Mr. Jeff Grazier  
3767 Carrington Road  
Fort Collins, CO 80525

RE: Renewal, 7075 Home Efficiency Program

Dear Mr. Grazier:

The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the existing terms and conditions and the attached revised Exhibit A – Scope of Work for Efficiency Audits Plus – Home Efficiency Program.

The term will be extended for one (1) additional year, January 1, 2011 through December 31, 2011.

If the renewal is acceptable to your firm, please sign this letter in the space provided **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen days.

If this extension is not agreeable with your firm, we ask that you send us a written notice stating that you do not wish to renew the contract and state the reason for non-renewal.

Please contact Opal F. Dick, CPPO, Senior Buyer at (970) 221-6778 if you have any questions regarding this matter.

Sincerely,

*[Signature of James B. O'Neill II]*

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

Signature *Jeff Gray, President* Date 1-31-2011

(Please indicate your desire to renew 7075 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

JBO:ll

PRODUCER 970.679.7333 FAX 866.456.4265  
**Ewing-Leavitt Insurance Agency**  
 4025 St. Cloud Dr.  
 Suite 100  
 Loveland, CO 80538

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 **JKG Consulting Inc.**  
 3767 Carrington Rd.  
 Fort Collins, CO 80525

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>Endurance American Specialty</b>	11551
INSURER B:	<b>Pinnacle Assurance</b>	41190
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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>ECC101008074-01</b>	<b>06/12/2010</b>	<b>06/12/2011</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>				
						MED EXP (Any one person) \$ <b>5,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMPOP AGG \$ <b>2,000,000</b>
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ _____				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 \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<b>4126550</b>	<b>09/05/2010</b>	<b>09/05/2011</b>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		E.L. EACH ACCIDENT \$ <b>100,000</b>				
		E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>				
		E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>				
A		OTHER <b>Professional Liability</b>	<b>ECC101008074-01</b>	<b>06/12/2010</b>	<b>06/12/2011</b>	<b>Each Claim \$1,000,000</b>
		<b>Aggregate \$2,000,000</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS.  
**The City, its officers, agents and employees are named as an additional insured as respects general liability.**

**CERTIFICATE HOLDER**

**CANCELLATION**

**City of Fort Collins**  
 Po Box 580  
 Fort Collins, CO 80522

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  
**Toni Garcia/TOGARC** 