



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

March 8, 2011



Colorado Mosquito Control, Inc  
Attn: Michael McGinnis  
695 North 7<sup>th</sup> Avenue  
Brighton, CO 80601

RE: Renewal, P1059 Integrated Pest Management – Mosquito Control Services

Dear Mr. McGinnis:

The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the existing terms and conditions and the following changes:

1. CMC will eliminate the catch basin, storm water and backyard inspection programs (\$7,500). CMC will retain the dashboard, mosquito hotline, work with employees in utility billing and provide the minnow program for the City of Fort Collins.

The City of Fort Collins adult mosquito surveillance program will be fully eliminated during May and September. The monitoring program will commence June 1 and terminate August 15 (\$11,500).

The City of Fort Collins Larval Control Program will be shortened to June 1 through August 31. CMC will no longer perform pre season and post season inspections during April, May and September (\$30,500).

|                           |           |
|---------------------------|-----------|
| Total program reductions: | \$49,500  |
| 2010 Program Cost:        | \$237,996 |
| 2011 Program Cost:        | \$188,496 |

The term will be extended for one (1) additional year, March 4, 2011 through March 3, 2012.

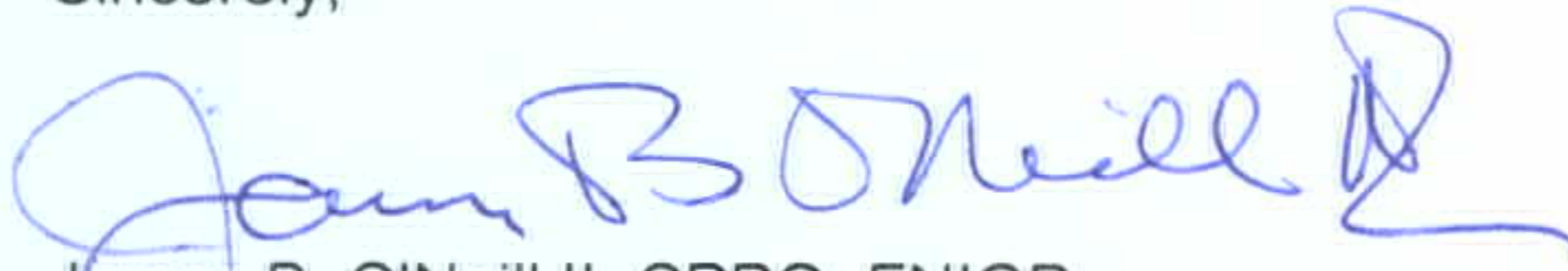
If the renewal is acceptable to your firm, please sign this letter in the space provided **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen 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 John D. Stephen, CPPO, LEED AP, Senior Buyer at (970) 221-6777 if you have any questions regarding this matter.



Sincerely,

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

 \_\_\_\_\_ 3/11/11  
Signature Date

(Please indicate your desire to renew P1059 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

JBO:II



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/12/2011

PRODUCER Ph#:800-431-2794

Weisburger Insurance Brokerage  
DIV.OF PROGRAM BROKERAGE CORPORATION  
333 Westchester Avenue Suite E-102  
White Plains NY 10604

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 Advanced Pest Mgmt of Colorado Inc.  
DBA: Colorado Mosquito Control, Inc.  
695 North 7th Ave  
Brighton, CO 80601

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: \*StarNet Insurance Company  
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 LTR | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/DD/YY) | LIMITS                                    |              |
|----------|-------------|--|---------------|---------------------------------|----------------------------------|---|--------------|
| A        |             | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PSP0000040-07 | 01/01/2011                      | 01/01/2012                       | EACH OCCURRENCE                           | \$ 2,000,000 |
|          |             |  |               |                                 |                                  | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|          |             |  |               |                                 |                                  | MED EXP (Any one person)                  | \$ 5,000     |
|          |             |  |               |                                 |                                  | PERSONAL & ADV INJURY                     | \$ 2,000,000 |
|          |             |  |               |                                 |                                  | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |             |  |               |                                 |                                  | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                 |                                  | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          |             |  |               |                                 |                                  | BODILY INJURY (Per person)                | \$           |
|          |             |  |               |                                 |                                  | BODILY INJURY (Per accident)              | \$           |
|          |             |  |               |                                 |                                  | PROPERTY DAMAGE (Per accident)            | \$           |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                 |                                  | AUTO ONLY - EA ACCIDENT                   | \$           |
|          |             |  |               |                                 |                                  | OTHER THAN AUTO ONLY: EA ACC              | \$           |
|          |             |  |               |                                 |                                  | AGG                                       | \$           |
|          |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                 |                                  | EACH OCCURRENCE                           | \$           |
|          |             |  |               |                                 |                                  | AGGREGATE                                 | \$           |
|          |             |  |               |                                 |                                  |   | \$           |
|          |             |  |               |                                 |                                  |   | \$           |
|          |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |               |                                 |                                  | WC STATU-TORY LIMITS                      | OTH-ER       |
|          |             |  |               |                                 |                                  | E.I. EACH ACCIDENT                        | \$           |
|          |             |  |               |                                 |                                  | E.I. DISEASE - EA EMPLOYEE                | \$           |
|          |             |  |               |                                 |                                  | E.I. DISEASE - POLICY LIMIT               | \$           |
|          |             | OTHER  |               |                                 |                                  |   |              |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 THE CERTIFICATE HOLDER IS ADDITIONAL INSURED WITH RESPECT TO PEST CONTROL SERVICES PERFORMED BY THE ABOVE NAMED INSURED (ATIMA) APPLIES TO GENERAL LIABILITY ONLY.

**CERTIFICATE HOLDER**

City of Ft. Collins  
James B. O'Neill, Purchasing Director  
215 N. Mason St.  
P.O. Box 580  
Ft. 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 30 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 *Charles Carner*  
Hub International Northeast Limited

ACORD 25(2001/08)

© ACORD CORPORATION 1988

DS#5527873

Cust#: 87297

COI#2