



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 29, 2011

CoCal Landscape
Attn: Deena Head
12570 East 39th Avenue
Denver, CO 80239

RE: Renewal, 6127 Streetscape Maintenance Services

Dear Ms. Head:

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:

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 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

FOR ACTING

Signature

4/8/11

Date

(Please indicate your desire to renew 6127 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

JBO:bd



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

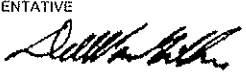
PRODUCER Van Gilder Insurance Corp. 1515 Wynkoop, Suite 200 Denver CO 80202	CONTACT NAME: PHONE (A/C, No, Ext): 303-837-8500 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No): 303-831-5295
	INSURED CoCal Landscape Services, Inc. CoCal Landscape Construction Co. 12570 E. 39th Ave. Denver CO 80239	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Co		25674
INSURER B: Pinnacle Assurance		
INSURER C: Travelers Indemnity Company (C		25658
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 717867392** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY		DTC02986P068PHX11	1/1/2011	1/1/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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
X	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY		DT8102986P068TIL11	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
X	ANY AUTO					
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
X	HIRED AUTOS					
X	NON-OWNED AUTOS					
C	UMBRELLA LIAB	X	DTSMCUP2986P068TIL11	1/1/2011	1/1/2012	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
X	EXCESS LIAB	CLAIMS-MADE				
	DEDUCTIBLE					
X	RETENTION \$10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		4136357	1/1/2011	1/1/2012	X WC STATUTORY LIMITS OTHER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			
	If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
If required by written contract or written agreement, the City of Ft. Collins, its officers and employees are included as Additional Insured for ongoing operations under General Liability.

CERTIFICATE HOLDER City of Ft. Collins; City's Director of Purchasing & Risk Mgmt P.O. Box 580 Fort Collins CO 80522	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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