



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

April 19, 2011

AAA Pest Pros, LLC  
Attn: Mr. James Marquardt  
PO Box 20235  
Boulder, CO 80308

RE: Renewal, 7016 Prairie Dog Fumigation

Dear Mr. Marquardt:

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

The term will be extended for one (1) additional year, February 24, 2011 through February 23, 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

\_\_\_\_\_  
Signature

4-28-11  
Date

(Please indicate your desire to renew 7016 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)  
05/02/2011

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 0008408 Wells Fargo Insurance Services USA, Inc.  45 Fremont Street Suite 800 San Francisco, CA 94105  INSURED AAA Pest Pros James Marquardt PO Box 30235  Boulder, CO 80308	1-415-541-7900  CONTACT NAME: PHONE: (A/C, Ho, Ext) FAX: (A/C, No) E-MAIL: ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A: American Safety Indemnity Company	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

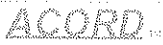
COVERAGES                                      CERTIFICATE NUMBER: 20991663                                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LIR	TYPE OF INSURANCE	ADDITIONAL RISK	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY		TP030063508	03/24/11	03/24/12	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL CRIME LIABILITY					DAMAGE TO RECEIPTS \$ 100,000 FIDELITY (Per person) \$ 5,000 PROPERTY DAMAGE \$ 1,000,000 GENERAL AGENT \$ 1,000,000 PRODUCT COMPLETION \$ 1,000,000
	CLAIMS MADE	X OCCUR				
	CLAIM ACCRUAL LIMITATION PERIOD					
	X FIDELITY	FIDELITY				
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per household) \$ PROPERTY DAMAGE \$ TOTAL EXCESS \$
	ANY AUTO					
	ALL OWNED AUTOS	SELF-OWNED AUTOS				
	HIRING AUTOS	NON-OWNED AUTOS				
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS MADE				AGREEMENT \$
	DEDUCTIBLE					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Y/N				WORKERS COMPENSATION \$ EMPLOYERS LIABILITY \$
	ANY OCCURRENCE/CLAIMS/RETROACTIVE OFFER/EXCESS/EXCLUDED? (Mandatory in IR)		N/A			EACH OCCURRENCE \$ EACH EMPLOYEE \$ EACH POLICY YEAR \$
	Any description of operations					
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is included as additional insured per blanket policy endorsement.

<b>CERTIFICATE HOLDER</b>  Financial Services Purchasing Division  215 N. Mason Street, 3rd floor P.O. Box 580 Fort Collins, CO 80523  USA	<b>CANCELLATION</b>  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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# CERTIFICATE OF LIABILITY INSURANCE

FORM NO. 0001 (11)  
05/02/2011

INSURER  
PINNACOL ASSURANCE  
7501 E Lowry Blvd  
Denver, CO 80230-7006

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  
AAA PEST PROS LLC  
39K N 63RD STREET  
BOULDER, CO 80308

INSURERS AFFORDING COVERAGE	NAIC#
PINNACOL ASSURANCE	41190

**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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM	CLASS	DESCRIPTION	INSURANCE	START DATE	END DATE	COVERAGE	LIMIT
		<b>GENERAL LIABILITY</b> ADDITIONAL COVERAGES: - PRODUCT - CONTRACT - OTHER LIMITS: - BODILY INJURY: \$1,000,000 - PROPERTY DAMAGE: \$1,000,000				<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> ADVERTISING <input type="checkbox"/> PRODUCTS <input type="checkbox"/> CONTRACTS <input type="checkbox"/> OTHER <input type="checkbox"/> EXCESS UMBRELLA	
		<b>AUTOMOBILE LIABILITY</b> - AUTO - TRUCKS - TRAILERS - RENTALS - TRUCKS				<input type="checkbox"/> AUTO <input type="checkbox"/> TRUCKS <input type="checkbox"/> TRAILERS <input type="checkbox"/> RENTALS <input type="checkbox"/> TRUCKS	
		<b>Garage Liability</b> - Garage				<input type="checkbox"/> Garage	
		<b>EXCESS UMBRELLA LIABILITY</b> - UMBRELLA - EXCESS				<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS	
		<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> - WORKERS COMPENSATION - EMPLOYER'S LIABILITY - EXCESS UMBRELLA	4134320	09-01-2010	09-01-2011	<input checked="" type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> EXCESS UMBRELLA	\$100,000 \$100,000 \$100,000
		<b>OTHER</b>					

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

**CERTIFICATE HOLDER**  
1307962  
City of Ft Collins  
Financial Services Purchasing Division  
215 North Mason Street  
Second Floor  
Fort Collins CO 80522

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 90 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**

Angela Jones  
Underwriter  
ACORD CORPORATION 1988