



Financial Services  
Purchasing Division  
215 N. Mason St. 2<sup>nd</sup> Floor  
PO Box 580  
Fort Collins, CO 80522  
970.221.6775  
970.221.6707- fax  
[fcgov.com/purchasing](http://fcgov.com/purchasing)

April 3, 2014

E & LL Trucking Inc  
Attn: Ricky Steffen  
941 E 4<sup>th</sup> Street  
Loveland, CO 80537

RE: 7355 Hauling Services 2014 Renewal

Dear Mr. Steffen:

The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the existing terms and conditions and a 2% per hour increase without losing your place on the list.

The term will be extended for one (1) additional year, April 1, 2014 through March 31, 2015.

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 Stephen, CPPO, LEED AP, Senior Buyer at (970) 221-6777 if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "Gerry S. Paul". The signature is written in a cursive style.

Gerry S. Paul  
Director of Purchasing and Risk Management

*Shirley Legg-Steffen*

Signature

✓  
Date

4-15-2014

(Please indicate your desire to renew 7355 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jw



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2014

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).

|   |  |                                    |
|---|--|------------------------------------|
| <b>PRODUCER</b><br>Gary Cramer, Agent<br>State Farm Insurance<br>1275 E Magnolia Unit I<br>Fort Collins, CO 80525 | <b>CONTACT NAME:</b> Gary Cramer<br><b>PHONE (A/C, No, Ext):</b> 970-484-1374<br><b>E-MAIL ADDRESS:</b> gary.cramer.b68o@statefarm.com | <b>FAX (A/C, No):</b> 970-493-0226 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| <b>INSURED</b><br>E & LL TRUCKING INC<br>941 E 4TH ST<br>LOVELAND CO 80537-5735                                   | <b>INSURER A:</b> State Farm Fire and Casualty Company<br><b>NAIC #</b> 25143  |                                    |
|   | <b>INSURER B:</b>  |                                    |
|   | <b>INSURER C:</b>  |                                    |
|   | <b>INSURER D:</b>  |                                    |
|   | <b>INSURER E:</b>  |                                    |
|   | <b>INSURER F:</b>  |                                    |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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  | ADDITIONAL INSURANCE                | SUBROGATION WAIVED       | POLICY NUMBER                                | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS  |
|----------|--|-------------------------------------|--------------------------|--|--------------------------|--------------------------|---|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>BUSINESS LIABILITY</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 96-BZ-C982-5                                 | 11/17/2013               | 11/17/2014               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPI/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"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 153 5987-F24-06P-001<br>153 5990-F24-06P-001 | 12/24/2013<br>12/24/2013 | 06/24/2014<br>06/24/2014 | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>MEDICAL PAYMENTS \$ 25,000                               |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  | <input type="checkbox"/>            | <input type="checkbox"/> |  |                          |                          | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                          |                          | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

88 PETERBILT 378 DUMP DMP MULT VIN: 1XPFD29X3JD264445  
 93 PETERBILT 378 DUMP DMP MULT VIN: 1XPFD9X5PD324128

ADDITIONAL INSURED: CITY OF FORT COLLINS

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>CITY OF FORT COLLINS<br>215 N MASON ST 2ND FLOOR<br>FORT COLLINS, CO 80524 | <b>CANCELLATION</b><br>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<br>   |