



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

April 4, 2014

Fuller Landscaping Inc
Attn: Mr. Brian K Fuller
4836 Kiva Drive
Laporte, CO 80535

RE: Renewal, 7133 Weed Cutting and Rubbish Removal

Dear Mr. Fuller:

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, May 1, 2014 through April 30, 2015.

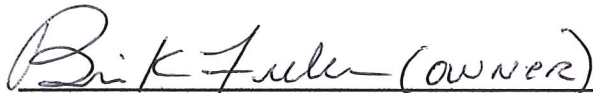
If the renewal is acceptable to your firm, please sign this letter in the space provided **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen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

Sincerely, 
A9D0A054C8CB45D...

Gerry S. Paul
Director of Purchasing and Risk Management


Signature

4-18-14
Date

(Please indicate your desire to renew 7133 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP:jw



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas, or
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NAMED INSURED: BRIAN FULLER | | | | | | | |
| ADDRESS OF NAMED INSURED: 4836 KIVA DR, LAPORTE, CO 80535-9507 | | | | | | | |
| POLICY NUMBER | 134 6020-E14-06C | | | | | | |
| EFFECTIVE DATE OF POLICY | 5/14/14-5/14/15 | | | | | | |
| DESCRIPTION OF VEHICLE (Including VIN) | 04 GMC D-7500 DUMP VIN: 1GDM7C1C74F516409 | | | | | | |
| LIABILITY COVERAGE | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LIMITS OF LIABILITY | | | | | | | |
| a. Bodily Injury | | | | | | | |
| Each Person | 500000 | | | | | | |
| Each Accident | 500000 | | | | | | |
| b. Property Damage | | | | | | | |
| Each Accident | 500000 | | | | | | |
| c. Bodily Injury & Property Damage Single Limit | | | | | | | |
| Each Accident | | | | | | | |
| PHYSICAL DAMAGE COVERAGES | | | | | | | |
| a. Comprehensive | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible |
| b. Collision | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible |
| EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HIRED CAR LIABILITY COVERAGE | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Kit M. Albrecht
Signature of Authorized Representative

LSA5
Title

06-2157
Agent's Code Number

4/28/2014
Date

Name and Address of Certificate Holder

Name and Address of Agent

Additional Insured:

CITY OF FORT COLLINS PURCHASING DEPT
215 N. MASON ST
FORT COLLINS, CO 80522

DARYL ALEXANDER
PO BOX 1922
FORT COLLINS, CO 80522

970-493-2196

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.

DIE535E47071859



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2014

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).

| PRODUCER Colorado BW Insurance Agency, Inc. 1075 W Horsetooth Rd, Ste 106 Fort Collins CO 80526 | | CONTACT NAME: Matt Diemer PHONE (A/C No, Ext): (970) 223-0924 FAX (A/C No): (970) 267-2231 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|--|--|-------------------------------|--|--------|-----------|---------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Fuller Landscaping, LLC 4836 Kiva Drive Laporte CO 80535 | | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>Ohio Security</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A | Ohio Security | 24082 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A | Ohio Security | 24082 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 2014-2015 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (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 | | | BKS55419229 | 4/24/2014 | 4/24/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | 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) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is listed as Additional Insured with respect to their interest in the ongoing operations of the named insured on the General Liability, as required by written contract.

| | |
|---|--|
| CERTIFICATE HOLDER (970) 221-6707 City of Fort Collins Purchasing Department 215 North Mason PO Box 850 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 Matt Diemer/MDFC |
|---|--|