



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 25, 2014

Sapphire Events LLC
Attn: Connie Matsuda
1050 East County Road 76
Wellington, CO 80549

RE: Renewal, 7242 Concession-Event Beverage Services for Lincoln Center

Dear Ms. Matsuda:

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, July 1, 2014 through June 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 Jill Wilson, Buyer at (970) 221-6216 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:
Gerry Paul
A9D0A054C8CB45D...

Gerry S. Paul
Director of Purchasing and Risk Management



DocuSigned by:
Connie Matsuda
488F5AA51G774A1...

5/9/2014

Signature

Date

(Please indicate your desire to renew 7242 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)
05/02/2014

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 JOHN C. BECKETT & ASSOCIATES, INC. 220 Smith Street Ft. Collins CO 80524-	CONTACT NAME: PHONE (A/C, No, Ext): (970) 484-2805 FAX (A/C, No): (970) 484-2885 E-MAIL ADDRESS: tim@beckettinsurance.com PRODUCER CUSTOMER ID #: Sapphire Events, LLC
INSURED Sapphire Events, LLC 1050 E. County Road 76 Larimer Wellington CO 80549-	INSURER(S) AFFORDING COVERAGE INSURER A : NAUTILUS INSURANCE COMPANY INSURER B : PINNACOL ASSURANCE INSURER C : INSURER D : INSURER E : INSURER F :

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NN368571	10/27/2013	10/27/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY			NO COVERAGE	/ /	/ /	PRODUCTS - COMP/OP AGG \$ 2,000,000
					/ /	/ /	NOWND \$
	ANY AUTO				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				/ /	/ /	BODILY INJURY (Per accident) \$
	HIRED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				/ /	/ /	\$
					/ /	/ /	\$
	UMBRELLA LIAB			NO COVERAGE	/ /	/ /	EACH OCCURRENCE \$
	EXCESS LIAB				/ /	/ /	AGGREGATE \$
	DEDUCTIBLE				/ /	/ /	\$
	RETENTION \$				/ /	/ /	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4152690	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	/ /	/ /	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$ 100,000
					/ /	/ /	E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY			NN368571	10/27/2013	10/27/2014	EACH OCCURRENCE 1,000,000
					/ /	/ /	AGGREGATE LIMIT 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THE CITY OF FORT COLLINS, ITS OFFICERS, AGENTS AND EMPLOYEES ARE ADDITIONAL INSUREDS PER WRITTEN CONTRACT ON THE GENERAL LIABILITY POLICY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER () - (970) 224-6134 CITY OF FORT COLLINS 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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