



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 8, 2014

Conejo Azul Corp.
Attn: Jim Lee
808 W Mountain Ave
Fort Collins, CO 80521

RE: renewal: 7230 Downtown Concessionaires

Dear Mr. Lee:

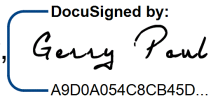
The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the following terms and conditions:

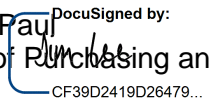
1. The term will be extended for one (1) additional year, June 1, 2014 through May 31, 2015.
2. Previously agreed to minimum days and hours of operation are:
Two (2) to four (4) hours between 6:00pm and 6:00am on Thursdays, Fridays and Saturdays.
3. The City recommends the Concessionaire incorporate the Dietary Guidelines for Americans, as outlined on www.health.gov/dietaryguidelines. The Dietary Guidelines encourage Americans to focus on eating a healthy diet; one that focuses on foods and beverages that help achieve and maintain a healthy weight, promote health, and prevent disease.

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 at (970) 221-6216 if you have any questions regarding this matter.

Sincerely, 
DocuSigned by:
A9D0A054C8CB45D...

Gerry S. Paul 
Director of Purchasing and Risk Management
DocuSigned by:
CF39D2419D26479...

Signature

Date

(Please indicate your desire to renew 7230 Downtown Concession Agreement by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jw



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/29/14

PRODUCER Welsh Insurance Agency, Inc. 4033 Boardwalk Drive, Suite #200 Fort Collins, CO 80525 Phone (970) 206-1810 Fax (970) 206-1808	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Conejo Azul, Inc. 808 W. MOUNTAIN AVE. Fort Collins, CO 80521	INSURER A: AUTO-OWNERS INSURANCE CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	74926439	08/28/13	08/25/14	EACH OCCURRENCE	500,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				300,000	
		MED EXP (Any one person)				10,000	
		PERSONAL & ADV INJURY				500,000	
		GENERAL AGGREGATE				1,000,000	
		PRODUCTS - COMP/OP AGG				1,000,000	
		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 <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Concessions. CERTIFICATE HOLDER: TEAM PLAYER PRODUCTIONS, CITY OF FORT COLLINS AND TASTE OF FORT COLLINS ARE LISTED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY.

CERTIFICATE HOLDER City of Fort Collins - PURCHASING DEPARTMENT Attn: Purchasing Department 215 North Mason FORT COLLINS, CO 80524 fax #(970)221-6707	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.