



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

May 7, 2014

Connell Resources  
Attn: John Warren  
7785 Highland Meadows Parkway, Ste 100  
Fort Collins, CO 80528

RE: Renewal- 7377 Asphalt Supply

Dear Mr. Warren:

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

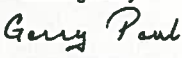
The term will be extended for one (1) additional year, June 1, 2014 through May 31, 2015.

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) 221-6779 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:  
  
A9D0A054C8CB45D...

Gerry S. Paul  
Director of Purchasing and Risk Management

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

(Please indicate your desire to renew 7377 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jw

**BID SCHEDULE**  
**2014 CITY OF FORT COLLINS ASPHALT SUPPLY CONTRACT**  
**Hot Mix Asphalt Pricing (FOB Plant)**

| ITEM NO. | ITEM DESCRIPTION             | ESTIMATED QUANTITY | UNIT PRICE           |
|----------|------------------------------|--------------------|----------------------|
| 403.10   | HMA GR SX (PG 58-28) 20% RAP | 3,000 tons         | \$ <u>49.00</u> /ton |
| 403.15   | HMA GR SX (PG 64-22) 20% RAP | 3,000 tons         | \$ <u>47.50</u> /ton |
| 403.20   | HMA GR S (PG 58-28) 20% RAP  | 3,000 tons         | \$ <u>49.50</u> /ton |
| 403.25   | HMA GR S (PG 64-22) 20% RAP  | 35,000 tons        | \$ <u>47.00</u> /ton |
| 403.30   | HMA GR S (PG 64-28) 20% RAP  | 3,000 tons         | \$ <u>58.00</u> /ton |
| 403.40   | HMA GR SG (PG 64-22) 20% RAP | 3,000 tons         | \$ <u>44.00</u> /ton |

**Note:** The quantities listed above are estimates only. The City of Fort Collins reserves the right to modify the quantities for any or all items listed.

**IN ADDITION TO THE BID SCHEDULE PRICES FOR EACH MIX DESIGN LISTED ABOVE, VENDORS MUST SUBMIT THE FOLLOWING COSTS FOR JUNE 2014:**

|                           |                       |
|---------------------------|-----------------------|
| Asphalt Cement (PG 58-28) | \$ <u>513.00</u> /ton |
| Asphalt Cement (PG 64-22) | \$ <u>503.00</u> /ton |
| Asphalt Cement (PG 64-28) | \$ <u>615.00</u> /ton |

Price Adjustment Factor:

|                          |                    |
|--------------------------|--------------------|
| GR SX (PG 58-28) 20% RAP | \$ <u>.46</u> /ton |
| GR SX (PG 64-22) 20% RAP | \$ <u>.46</u> /ton |
| GR S (PG 58-28) 20% RAP  | \$ <u>.45</u> /ton |
| GR S (PG 64-22) 20% RAP  | \$ <u>.43</u> /ton |
| GR S (PG 64-28) 20% RAP  | \$ <u>.42</u> /ton |
| GR SG (PG 64-22) 20% RAP | \$ <u>.39</u> /ton |

(Signed)  \_\_\_\_\_

(Company) Connell Resources, Inc. \_\_\_\_\_

Check One

- Individual Doing Business in Company Name  
 Partnership  
 Corporation

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/29/2013

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>Flood & Peterson Ins., Inc.<br>P. O. Box 578<br>Greeley, CO 80632<br>970 356-0123      | <b>CONTACT NAME:</b> Nikki Mosbrucker<br><b>PHONE (A/C, No, Ext):</b> 970 266-7123<br><b>FAX (A/C, No):</b> 970 506-6823<br><b>E-MAIL ADDRESS:</b> nmosbrucker@floodpeterson.com<br><b>PRODUCER CUSTOMER ID #:</b>   |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
|---|--|-------------------------------|--------|---|--|--------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
|   | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Pinnacol Assurance</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Travelers Insurance Company |  | INSURER B : Pinnacol Assurance |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER A : Travelers Insurance Company   |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER B : Pinnacol Assurance  |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER C :   |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER D :   |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER E :   |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| INSURER F :   |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |
| <b>INSURED</b><br>Connell Resources, Inc.<br>7785 Highland Meadows Parkway #100<br>Fort Collins, CO 80528 |  |                               |        |   |  |                                |  |             |  |             |  |             |  |             |

**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<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X         | X        | DTCO4794N532-IND13                    | 06/01/2013              | 06/01/2014              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> Drive Other Car                      | X         | X        | DT8104794N532-TIL13                   | 06/01/2013              | 06/01/2014              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$   |           |          | DTSMCUP4794N-532TIL13<br>Follows Form | 06/01/2013              | 06/01/2014              | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$10,000,000<br>\$<br>\$  |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | X        | 4029651                               | 06/01/2013              | 06/01/2014              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$500,000<br>E.L. DISEASE - EA EMPLOYEE \$500,000<br>E.L. DISEASE - POLICY LIMIT \$500,000                                   |

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

RE: CRI#

The City, its officers, agents and employees are named as additional insured, but only as respects liability arising out of work performed by the named insured. A waiver of subrogation applies.

CERTIFICATE HOLDER

CANCELLATION

City of Fort Collins  
 Purchasing Division  
 215 N Mason St, 2nd Floor  
 PO Box 580  
 Fort Collins, CO 80522

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

*Nikki Mosbrucker*