



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

June 18, 2014

PIE Consulting & Engineering
Attn: Matthew Heron mheron@pieforensic.com
6275 Joyce Dr, Ste 200
Arvada, CO 80403-7541

RE: misc. PSA - PIE Forensic Consultants

Dear Mr. Heron:

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

The term will be extended for one (1) additional year, August 15, 2014 through August 14, 2015.

If the renewal is acceptable to your firm, please sign this letter in the space provided and **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 Pat Johnson, CPPB, Buyer at (970) 221-6816 if you have any questions regarding this matter.

Sincerely,
DocuSigned by:

Gerry Paul

A9DDA054C89B45D
Gerry S. Paul

Director of Purchasing and Risk Management



DocuSigned by:

Matthew Heron

5578C78F38C9408...

6/26/2014

Signature

Date

(Please indicate your desire to renew misc. PSA - PIE Forensic Consultants 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) 06/23/2014 |
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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 Six & Geving Insurance Inc #4 Denver Branch 225 Union Blvd. #575 Lakewood, CO 80228 Nancy Kersey | Phone: 720-962-0930 Fax: 720-962-0942 | CONTACT NAME: Shaleen Martin PHONE (A/C, No, Ext): 303-653-0023 FAX (A/C, No): 720-962-0942 E-MAIL ADDRESS: smartin@six-geving.com PRODUCER CUSTOMER ID #: PIECO-2 |
|---|--|---|

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|----------------|---|
| INSURED | Pie Consulting & Engineering, Inc. 6275 Joyce Drive, Ste. 200 Arvada, CO 80403-7541 |
|----------------|---|

| | |
|--|---------------|
| INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURER A : CNA Insurance Companies | |
| INSURER B : | |
| 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 | X | | 5088112187 | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE | \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | 5088112237 | 01/01/2014 | 01/01/2015 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | 5088112271 | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE | \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | | \$ |
| | DEDUCTIBLE | | | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | N/A | 5088112318 (ALL BUT MONO STATES) | 01/01/2014 | 01/01/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. EACH ACCIDENT |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| A | Employee Benefits | | | 5088112187 | 01/01/2014 | 01/01/2015 | EE/AGG | 2M/4M |
| A | Pollution Liab | | | 5088112187 | 01/01/2014 | 01/01/2015 | Each/Agg | 2M/4M |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Ongoing Service Agreement (MSA). The City of Fort Collins is named as additional insured as respects General Liability if required by written contract.

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|---|--|
| CERTIFICATE HOLDER <p style="text-align: center;">CTYFT-2</p> City of Fort Collins Utilities Service Center 700 Wood Street Fort Collins, CO 80521 | 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 |
|---|--|