



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

September 2, 2014

Rocky Ridge Nursery and Landscape
Attn: Joe Moreng joe@rockyridgenursery.com
327 East County Rd 60
Fort Collins, CO 80524

RE: Renewal, 7564 Snow & Ice Removal

Dear Mr. Moreng:

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

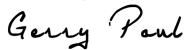
The term will be extended for one (1) additional year, October 2, 2014 through October 1, 2015.


If the renewal is acceptable to your firm, please sign this letter in the space provided, **include a current copy of insurance certificate naming the City as an additional insured for General and Automotive Liability** and return all documents to the City of Fort Collins, Purchasing Division, P.O. Box 580, Fort Collins, CO 80522, within the next fifteen (15) 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)221-6777 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:

A9D0A054C8CB45D...
Gerry S. Paul
Director of Purchasing and Risk Management

DocuSigned by:

CB28C400E7754DA...

Signature

9/5/2014

Date



(Please indicate your desire to renew Agreement for 7564 by signing this letter and returning it to Purchasing Division within the next fifteen (15) days.)

GSP: jg



AAAAAPUK2KU

Cover Page for Faxing Documents to your DocuSign Envelope

1. Write the number of pages on the line below.
2. Fax the document and cover page to the appropriate number below:
 - U.S. and Canada: 855.845.2581 (US and Canada)
 - London: 448449945087
 - Singapore: 6565124696

From:	Joe Moreng
Envelope Subject:	Please DocuSign the attached renewal letter for 7564 Snow & Ice Removal
Attachments to Fax:	Signer Attachment 5
Envelope ID:	716dfe9c-8add-4bff-bc62-b8fd4bdcd18d
Sender Account Name:	City of Fort Collins
Number of Pages: (Including cover page)	<u>2</u>

DocuSign Customer Support: service@docusign.com | 1.866.219.4318

Note:

Fax transmissions take approximately one minute per page faxed.
This page may only be used once. If you would like to fax again, you must print a new cover page.

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ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 09/05/2014
PRODUCER SKIES WEST INS AGCY, INC. 1531 RIVERSIDE AVE, UNIT A FORT COLLINS, CO 80524	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		
INSURED ROCKY RIDGE NURSERY & LANDSCAPING, LLC 327 E. COUNTY RD 60 FORT COLLINS CO 80524-	INSURER A: AMCO INS CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	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 checked="" type="checkbox"/> COMPLETED OPERATIONS <input checked="" type="checkbox"/> OFF SITE ONLY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ACP MCTO 7520661984	06/15/2014	06/15/2015	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ACP BA 7520661984	06/15/2014	06/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<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

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>010</u> 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.
CITY OF FORT COLLINS FINANCIAL SERVICES-PURCHASING DIVISION PO BOX 580 FORT COLLINS CO 80522- (970) 416-8443	AUTHORIZED REPRESENTATIVE <i>Mary K. Shortridge</i>