



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

July 25, 2014

Excergy Corp  
Attn: Jim Ketchledge [jketchledge@excergycorp.com](mailto:jketchledge@excergycorp.com)  
3773 Cherry Creek North Drive, Ste 575  
Denver, CO 80209

RE: 7414 Technical Consultation & Program Management for Support & Integration of Smart Grid Solution

Dear Mr. Ketchledge:

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, September 1, 2014 through August 31, 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 for both 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 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*  
A9D0A054C8CB45D...  
Gerry S. Paul  
Director of Purchasing and Risk Management

DocuSigned by:  
*James L. Ketchledge*  
AE30ECA4F1E048D

7/29/2014

Signature

Date



(Please indicate your desire to renew 7414 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jg



Hiscox Insurance Company Inc.

Policy Number: UDC-1263958-CGL-14  
Named Insured: Excergy Corporation  
Endorsement Number: 21  
Endorsement Effective: July 28, 2014

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
The City of Fort Collins 700 Wood Street Fort Collins,CO 80522
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.