



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

August 25, 2014

Colorado Boring  
Attn: Jon Jacobs [jon.jacobs@mindspring.com](mailto:jon.jacobs@mindspring.com)  
3813 Canal Drive  
Fort Collins, CO 80524

RE: Renewal, Agreement for 7546 Directional Boring

Dear Mr. Jacobs:

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

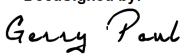
The term will be extended for one (1) additional year, November 25, 2014 through November 24, 2015.

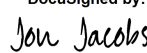
If the renewal is acceptable to your firm, please sign this letter in the space provided, **include a current copy of insurance certificate naming the City as an additional insured for General and Automotive Liability** and return all documents to the City of Fort Collins, Purchasing Division, P.O. Box 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 Pat Johnson, CPPB, Senior Buyer at (970)221-6816 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:  
  
A9D0A054C8CB45D...  
Gerry S. Paul  
Director of Purchasing and Risk Management

DocuSigned by:  
  
724F962BF33F43B...  
\_\_\_\_\_  
Signature

8/29/2014  
\_\_\_\_\_  
Date



(Please indicate your desire to renew Agreement for 7546 by signing this letter and returning it to Purchasing Division within the next fifteen (15) days.)



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KH

DATE (MM/DD/YYYY)

08/04/2014

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).

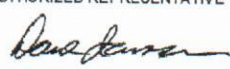
PRODUCER PFS Insurance Group - JT 4848 Thompson Pkwy, Ste 200 Johnstown, CO 80534 Dave Janssen	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:	COBOR-1	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Jacobs Investments, LLC Colorado Boring, LLC Northern Lights Leasing, LLC 3813 Canal Drive Fort Collins, CO 80524	INSURER A:	Acuity Insurance Co.	14184
	INSURER B:	Travelers Insurance Group	25615
	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			Z01542	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Z01542	08/01/2014	08/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Z01542	08/01/2014	08/01/2015	MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Limited Pollution			Z01542	08/01/2014	08/01/2015	PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			Z01542	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			Z01542	08/01/2014	08/01/2015	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS			Z01542	08/01/2014	08/01/2015	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS			Z01542	08/01/2014	08/01/2015	PROPERTY DAMAGE (PER ACCIDENT) \$
<input checked="" type="checkbox"/> HIRED AUTOS			Z01542	08/01/2014	08/01/2015	\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS			Z01542	08/01/2014	08/01/2015	\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		Z01542	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		Z01542	08/01/2014	08/01/2015	AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DEDUCTIBLE			Z01542	08/01/2014	08/01/2015	\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000			Z01542	08/01/2014	08/01/2015	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Z01542	08/01/2014	08/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	Z01542	08/01/2014	08/01/2015	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			BLKT WOS	08/01/2014	08/01/2015	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				BLKT WOS	08/01/2014	08/01/2015	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Inland Marine			QT6608137P008	08/01/2014	08/01/2015	Deductibl 5,000
				QT6608137P008	08/01/2014	08/01/2015	Scheduled 2,044,930

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
If required by written contract or written agreement, The City of Fort Collins and CDOT are included as additional insured for ongoing operations under General Liability.

<b>CERTIFICATE HOLDER</b>  FORT-01  City of Fort Collins Purchasing 281 North College Ave Fort Collins, CO 805220580	<b>CANCELLATION</b>  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  

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