



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

October 8, 2014

Veolia ES Technical Solutions, Inc  
Attn: Mitchell Garrity [mitchell.garrity@veoliaes.com](mailto:mitchell.garrity@veoliaes.com)  
9131 East 96<sup>th</sup> Ave  
Henderson, CO 80640

RE: Renewal, Veolia ES Technical Solutions

Dear Mr. Garrity:

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, January 16, 2015 through January 15, 2016.

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 Ed Bonnette, CPPB, CPM, Senior Buyer at (970) 416-2247 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:

A9D0A054C8CB45D...

Gerry S. Paul

Director of Purchasing and Risk Management

Signature

10-14-14  
Date

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

GSP: jg

\* Attachment: Exhibit C, 2015 Rate Sheet.

**EXHIBIT C  
COST SCHEDULE**

Description	UOM	Sell
Project Manager	Hour	\$57.37
Environmental Specialist/Tech/Driver	Hour	\$51.63
Mobilization/Demobilization to One Day Events	Mile	\$4.13
Transportation, per drum or cylinder	Each	\$28.69
Transportation, per cubic yard box/pallet	Each	\$114.74
Oil Based Paint	55-gal Drum	\$135.00
Oil Based Paint – too solid to pour up	CY Box	\$430.26
Paint With PCB's	55-gal Drum	\$688.42
Solvent Waste	55-gal Drum	\$75.00
Corrosive Liquids, Acids (*)	Pound	\$0.92
Corrosive Liquids, Bases (*)	Pound	\$0.92
Flammable Toxic Liquids (*)	Pound	\$0.92
Toxic Solids (*)	Pound	\$0.92
Paints with Some Liquid, not all pourable (*)	Pound	\$0.92
(*) -> Minimum Charge	Per Drum	\$201.06
(*) -> Minimum Charge	Per CY Box	\$792.23
PCB Ballasts	Pound	\$1.58
PCB Ballasts, Minimum Charge	Per Drum	\$201.06
Liquid Ni-Cd Batteries (**)	Pound	\$0.95
Alkaline Batteries (**)	Pound	\$0.47
Lithium Batteries (**)	Pound	\$3.06
(**) -> Minimum Charge	Per Drum	\$81.95
Lab Packs (to include Flammable Solids, Oxidizers & Non-Temp Control Organic Peroxides (***)		
Lab Packs (to include Water Reactives, & Temperature Control Chemicals) (***)	Pound	\$3.44
(***) -> Minimum Charge	Per Drum	\$81.95
Dioxins	30-gal Drum	\$1,032.63
Dioxins	20-gal Drum	\$743.05
Dioxins	5-gal Drum	\$619.58
Aerosol Cans	Pound	\$1.00
Aerosol Cans, Minimum Charge	CY Box	\$655.64
Elemental Mercury/Debris/Inorganic Compounds	5-gal Drum	\$385.73
Elemental Mercury/Debris/Inorganic Compounds	30-gal Drum	\$576.96
Elemental Mercury/Debris/Inorganic Compounds	55-gal Drum	\$1,074.15
Cylinders	Each	CBC
PIH Exempt DOT Box	Each	\$17.48
5 gal poly drum	Each	\$11.48
10 gal fiber drum	Each	\$14.92



15 gal fiber drum	Each	\$17.21
20 gal fiber drum	Each	\$29.50
30 gal fiber drum	Each	\$40.16
55 gal fiber drum	Each	\$51.63
55 gal metal drum (recon)	Each	\$46.99
55 gal poly drum (new)	Each	\$87.42
85 gal metal overpack	Each	\$155.17
Cubic Yard Box	Each	\$68.84
Vermiculite	Each	\$20.76

**Energy & Security Surcharge:** 15%

*Veolia reserves the right to invoice additional amounts as surcharges due to increases in fuel, insurance, energy and security costs. This surcharge is currently 15%. Pricing will fluctuate based on the current weekly cost of diesel per the following table pricing:*

<b>\$ Diesel</b>	<b>2013 Surcharge</b>
<b>\$3.00</b>	<b>10%</b>
<b>\$3.15</b>	<b>11%</b>
<b>\$3.30</b>	<b>12%</b>
<b>\$3.45</b>	<b>13%</b>
<b>\$3.60</b>	<b>14%</b>
<b>\$3.75</b>	<b>15%</b>
<b>\$3.90</b>	<b>16%</b>
<b>\$4.05</b>	<b>17%</b>
<b>\$4.20</b>	<b>18%</b>
<b>\$4.35</b>	<b>19%</b>
<b>\$4.50</b>	<b>20%</b>
<b>\$4.65</b>	<b>21%</b>
<b>\$4.75</b>	<b>22%</b>
<b>\$4.85</b>	<b>23%</b>
<b>\$4.95</b>	<b>24%</b>

For alternate drum sizes, the following odd size container charges will apply:

<u>Container Size</u>	<u>Price as % of 55 GL Drum</u>
220 GL/ Cubic Yard Box	400%
110 GL	300%
85 GL	175%
55 GL	100%
30 GL	90%
20 GL	80%
15 GL	70%
10 GL	60%
5 GL	50%



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12-31-2013

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> Marsh USA, Inc. 540 W. Madison Street Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com   Fax: 212-948-5053  LOM-	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Veolia ES Technical Solutions, LLC 700 East Butterfield Road, Suite 201 Lombard, IL 60148	<b>INSURER A:</b> ACE American Insurance Company		22667
	<b>INSURER B:</b> Illinois Union Insurance Company		27960
	<b>INSURER C:</b> N/A		N/A
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> CHI-004795260-14	<b>REVISION NUMBER:</b> 5
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		HDO G27329950	01-01-2014	01-01-2015	EACH OCCURRENCE	\$ 5,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 5,000,000
						GENERAL AGGREGATE	\$ 25,000,000
						PRODUCTS - COM/POP AGG	\$ 10,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ISA H0881661A	01-01-2014	01-01-2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WLR C47877891 (AOS) SCF C4787788A (Wt) (Retro)	01-01-2014 01-01-2014	01-01-2015 01-01-2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
A		N/A				E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Prof Liability/Claims-Made Contractors' Poll Occurrence		GOO G27269096 001 SIR: \$100,000	07-01-2013	01-01-2016	Each Occurrence	1,000,000
						Aggregate	1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
City of Fort Collins is included as additional insured (except as respects all coverage afforded by workers' compensation and professional liability) where required by written contract but only for liability arising out of the operations of the named insured. A waiver of subrogation is granted as required by written contract but only for liability arising out of the operations of the named insured.

<b>CERTIFICATE HOLDER</b>  City of Fort Collins P.O. Box 580 Fort Collins, CO 80522	<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.  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12-31-2013

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**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-004797793-26                      **REVISION NUMBER:** 8

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.

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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C47877891 (AOS) SCF C4787788A (WI) (Retro)	01-01-2014 01-01-2014	01-01-2015 01-01-2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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