



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

October 31, 2014

Fuller Landscaping
Attn: Mr. Brian Fuller fullerlandscape@aol.com
4836 Kiva Dr
Laporte, CO 80535

RE: Renewal, 7446 Snow & Ice Removal for Transfort Facilities

Dear Mr. Fuller:

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

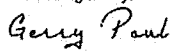
The term will be extended for one (1) additional year, December 1, 2014 through November 30, 2015.

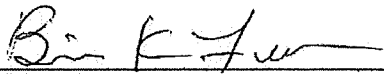
If the renewal is acceptable to your firm, please sign this letter in the space provided, **include a current copy of insurance certificate naming the City as an additional insured for General and Automotive Liability** and return all documents to the City of Fort Collins, Purchasing Division, P.O. Box 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 D. Stephen, CPPO, LEED AP, Senior Buyer at (970) 221-6777 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:

A9D0A854C8CB45D...
Gerry S. Paul
Director of Purchasing and Risk Management



Signature

11-3-14
Date

(Please indicate your desire to renew 7446 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP:jg



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2014

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 Marlon Roa(3010376) 25322 Rye Canyon Rd Ste 204 Valencia CA 91355-0962	CONTACT NAME: PHONE (A/C No, Ext): 661-702-0625 FAX (A/C, No): E-MAIL ADDRESS: mroa@farmersagent.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Truck Insurance Exchange	
INSURER B: Farmers Insurance Exchange	
INSURER C: Mid Century Insurance Company	
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
B	GENERAL LIABILITY			604655846	06/10/2014	06/10/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A09276987	05/19/2015	05/19/2015	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER 	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
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StateFarm STATE FARM®



1555 Promontory Circle
Greeley CO 80638-0001

DATE OF NOTICE: DEC 01 2014
CODE:

AT1 20 21A A
000488 0093
CITY OF FT COLLINS PURCHASING
PO BOX 580
FORT COLLINS CO 80522-0580

NOTE: PLEASE NOTIFY STATE FARM AT THE
ADDRESS LISTED AT THE TOP, LEFT CORNER
OF THIS PAGE REGARDING ANY CHANGE OF
ADDRESS INFORMATION.



0101-ST-0000

ADDITIONAL INSURED'S NOTICE OF COVERAGE

2157-FAF1-G

State Farm Mutual Automobile Insurance Company

NAMED INSURED:

FULLER, BRIAN K
4836 KIVA DR
LAPORTE CO 80535-9507

POLICY NO:
YR/MAKE/MODEL:
VIN/CAMPER:
AGENT NAME:
AGENT PHONE:
ENDORSEMENT NO:

018 1361-D19-06K
1999 GMC STAKE
4KDB4B1R9XJ005865
DARYL ALEXANDER INS AGCY INC
(970)493-2196
6028BT

COVERAGE:
BI AND PD LIABILITY
\$ 1 MIL

POLICY EFFECTIVE
NOV 06 2014 UNTIL TERMINATED

POLICY MESSAGES: This policy shown above supersedes policy# 0181361-06J.
The policy includes a loss payable clause protecting the additional insured's interest in the described car to the extent of the insurance provided and subject to all policy provisions. The additional insured will be given 10 days notice if the policy is terminated. Until such notice is provided, it shall be presumed that the required renewal premiums have been paid. The additional insured must notify us within 10 days of any change of interest or ownership coming to their attention. Failure to do so will render this policy null and void.

121000.8 (01a0821f) 06-06-2014

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder FULLER, BRIAN K
 Address of policyholder 4836 KIVA DR LAPORTE CO 80535-9507
 Location of operations _____
 Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
This insurance includes:	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Products - Completed Operations			Each Occurrence \$
	<input type="checkbox"/> Contractual Liability			General Aggregate \$
	<input type="checkbox"/> Personal Injury			Products - Completed \$
	<input type="checkbox"/> Advertising Injury			Operations Aggregate \$
	<input type="checkbox"/>			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	(Combined Single Limit)
	<input type="checkbox"/> Other			Each Occurrence \$
				Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability
				Each Accident \$
				Disease - Each Employee \$
				Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
018 1361-D19-06J	Auto	Effective Date	Expiration Date	(at beginning of policy period)
	99 GMC 3500	10/19/14	04/19/15	/1MM /

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Additional Insured

City of Fort Collins
 Purchasing
 PO Box 580
 Fort Collins, CO 80524

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Rachel Garcia **USA-5**
 Signature of Authorized Representative
 OFFICE REPRESENTATIVE 11/06/2014
 Title
 Rachel Garcia **USA-5** Date
 Agent Name
 Telephone Number 970-493-2196

Agent's Code Stamp
 Agent Code 06-2157
 AFO Code