



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](http://fcgov.com/purchasing)

May 26, 2015

Colorado Carriage  
Jim Rice  
410 Franklin Street  
Fort Collins, CO 80521

Re: Renewal, RFP# 7230 Downtown Concessionaires

Dear Mr. Rice:

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, June 1, 2015 through May 31, 2016.

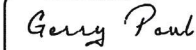
If the renewal is acceptable to your firm, please sign this letter in the space provided and **attach a current copy of insurance naming the City as an additional insured for General and Automotive Liability**, within the next five days.

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 Jill Wilson, Buyer, at (970) 221-6216 if you have questions.

Sincerely,

DocuSigned by:



A9D0A054C8CB45D...

Gerry S. Paul  
Director of Purchasing and Risk Management

  
\_\_\_\_\_  
Signature

5/28/15  
Date

(Please indicate your desire to extend the Agreement for RFP# 7230 by signing this letter and returning it to Purchasing Division within the next five days.)

GSP:jw



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2015

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> <b>JOHN C. BECKETT &amp; ASSOCIATES, INC.</b> 220 Smith Street  Ft. Collins CO 80524-		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (970) 484-2805 FAX (A/C, No): (970) 484-2885 E-MAIL ADDRESS: linda@beckettinsurance.com PRODUCER CUSTOMER ID #: Colorado Carriage & Wagon	
<b>INSURED</b> Colorado Carriage & Wagon 410 Franklin St.  Fort Collins CO 80521-		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: MESA UNDERWRITERS SPECIALTY INS INSURER B: ARTISAN & TRUCKERS CASUALTY 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		Y	MP0005001000997	01/03/2015	01/03/2016	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person)	\$ 5000
					/ /	/ /	PERSONAL & ADV INJURY	\$ 2,000,000
					/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
					/ /	/ /	PRODUCTS - COMP/OP AGG	\$ INCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /		\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /		\$
B	AUTOMOBILE LIABILITY			03749570-0	05/28/2015	05/28/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 300000
	<input type="checkbox"/> ANY AUTO				/ /	/ /		
	<input type="checkbox"/> ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				/ /	/ /	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS				/ /	/ /		\$
	UMBRELLA LIAB			NO COVERAGE	/ /	/ /	EACH OCCURRENCE	\$
	EXCESS LIAB				/ /	/ /	AGGREGATE	\$
	DEDUCTIBLE				/ /	/ /		\$
	RETENTION \$				/ /	/ /		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NO COVERAGE	/ /	/ /	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A		/ /	/ /	E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
					/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
				NO COVERAGE	/ /	/ /		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY AND AUTO PER WRITTEN CONTRACT FOR THE ONGOING OPERATIONS OF THE INSURED.

<b>CERTIFICATE HOLDER</b> ( ) - (970) 416-2209 Attn:Linda Samuelson  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.  AUTHORIZED REPRESENTATIVE 
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