



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

September 4, 2015

Valmont Industries c/o MH Lighting  
Attn: Ryan Eddie [reddie@valmont.com](mailto:reddie@valmont.com)  
28800 Ida Street  
Valley, NE 68064

RE: Renewal, 7264 Traffic Signal Poles

Dear Mr. Eddie:

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:

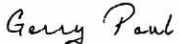
- 1) The term will be extended for one (1) additional period, September 1, 2015 through August 31, 2016.

If the renewal is acceptable to your firm, please sign this letter in the space provided and **include a current copy of insurance certificate naming the City as an additional insured for General and Automotive Liability** 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 Doug Clapp, Senior Buyer at (970) 221-6776 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:  
  
A9D0A054C8CB45D...  
Gerry S. Paul  
Director of Purchasing



Signature



Date

(Please indicate your desire to renew 7264 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)  
12/31/2014

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).

|   |  |  |               |
|---|--|--|---------------|
| <b>PRODUCER</b><br>Aon Risk Services Central, Inc.<br>Omaha NE Office<br>11213 Davenport<br>Suite 201<br>Omaha NE 68154 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017 |  |               |
|   | <b>E-MAIL ADDRESS:</b>   |  |               |
| <b>INSURED</b><br>Valmont Industries, Inc.<br>Attn: Kathy Heaney<br>One Valmont Plaza<br>Omaha NE 68154-5215 USA            | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   | <b>INSURER A:</b> ACE American Insurance Company   |  | 22667         |
|   | <b>INSURER B:</b> Continental Casualty Company   |  | 20443         |
|   | <b>INSURER C:</b>  |  |               |
|   | <b>INSURER D:</b>  |  |               |
|   | <b>INSURER E:</b>  |  |               |


**COVERAGES**      **CERTIFICATE NUMBER:** 570056445519      **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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER                                 | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | HDOG27340015<br>General Liability             | 01/01/2015              | 01/01/2016              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |           |          | ISAH08830368                                  | 01/01/2015              | 01/01/2016              | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY ( Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000  |           |          | L5094882742<br>Umbrella                       | 01/01/2015              | 01/01/2016              | EACH OCCURRENCE \$25,000,000<br>AGGREGATE \$25,000,000  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>if yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WLRC48139528<br>WC                            | 01/01/2015              | 01/01/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000                                     |
| A        | Archit&Eng Prof   |           |          | EONG24578215006<br>A&E Professional Liability | 01/01/2015              | 01/01/2016              | Each Claim \$5,000,000<br>Aggregate \$5,000,000<br>Retention \$500,000  |

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

Additional Insured - The General Liability and Automobile Liability policies include a blanket automatic additional insured endorsement or policy terms that provide additional insured status to certificate holder including the "products-completed operations" hazard where required by written contract. waiver of subrogation - All policies listed above include a blanket automatic waiver subrogation endorsement or policy terms that provide a waiver of subrogation only where required by written contract. Loss Payee - Automobile Liability policy includes a blanket loss payee endorsement or policy terms that provide loss payee status to certificate holder where required by written contract. Coverage is primary and non contributory. Umbrella policy follows form of underlying policies listed above.

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| <b>CERTIFICATE HOLDER</b><br><br>City of Fort Collins<br>Financial Services; Purchasing Division<br>215 N. Mason Street 2nd Floor<br>Po Box 580<br>Fort Collins CO 80522 USA | <b>CANCELLATION</b><br>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><br><br>  |

Holder Identifier :

Certificate No : 570056445519