

**WORK ORDER**

PURSUANT TO A MASTER AGREEMENT BETWEEN  
THE CITY OF FORT COLLINS  
AND  
HYDRO CONSTRUCTION, INC.

**WORK ORDER NUMBER:** WTFHydroWQLIF062718

**PROJECT TITLE:** WQ Lab Interior Finishes

**ORIGINAL BID/RFP NUMBER & NAME:** 8286, Construction Contractor for Projects at the Water and Wastewater Treatment Facilities

**MASTER AGREEMENT EFFECTIVE DATE:** June 20, 2016

**ARCHITECT/ENGINEER:** NA

**OWNER'S REPRESENTATIVE:** Sue Paquette

**WORK ORDER COMMENCEMENT DATE:** July 9, 2018

**WORK ORDER COMPLETION DATE:** November 30, 2018

**MAXIMUM FEE:** (time and reimbursable direct costs): \$116,500.00

**PROJECT DESCRIPTION/SCOPE OF SERVICES:** Contractor to provide construction services and repair services for interior finishes at the Fort Collins Water Treatment Facility, Water Quality Lab. See the attached supporting documentation.

Service Provider agrees to perform the services identified above and on the attached forms in accordance with the terms and conditions contained herein and in the Master Agreement between the parties. In the event of a conflict between or ambiguity in the terms of the Master Agreement and this Work Order (including the attached forms) the Master Agreement shall control.

The attached forms consisting of four (4) pages are hereby accepted and incorporated herein, by this reference, and Notice to Proceed is hereby given after all parties have signed this document.

**SERVICE PROVIDER: Hydro Construction, Inc.**

By: 

Date: July 9, 2018

Name: Jim Eulich

Title: COO

**OWNER'S ACCEPTANCE & EXECUTION:**

This Work Order and the attached Contract Documents are hereby accepted and incorporated herein by this reference.

ACCEPTANCE: DocuSigned by:  
Sue Paquette Date: July 5, 2018  
890B6EC414F04BA...  
Sue Paquette, Civil Engineer III

REVIEWED: DocuSigned by:  
Pat Johnson Date: July 5, 2018  
3307D9B99DE9493  
Pat Johnson, Senior Buyer

APPROVED AS TO FORM: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, City Attorney's Title  
(if greater than \$1,000,000)

ACCEPTANCE: DocuSigned by:  
Jill Oropeza Date: July 9, 2018  
ECAC48FE0A01476  
Jill Oropeza, Sciences Director

ACCEPTANCE: DocuSigned by:  
Owen L. Randall Date: July 10, 2018  
8838ECBD0A06A429  
Owen L. Randall, Civil Engineering Director

ACCEPTANCE: DocuSigned by:  
Carol Webb Date: July 11, 2018  
6B61E10A4A714A9  
Carol Webb, Utilities Deputy Director

ACCEPTANCE: \_\_\_\_\_ Date: \_\_\_\_\_  
Kevin Gertig, Utilities Executive Director  
(if greater than \$1,000,000)

ACCEPTANCE: DocuSigned by:  
Gerry S. Paul Date: July 11, 2018  
A9D0A034C8CB45D...  
Gerry Paul, Purchasing Director  
(if greater than \$60,000)

ACCEPTANCE: \_\_\_\_\_ Date: \_\_\_\_\_  
Darin Atteberry, City Manager  
(if greater than \$1,000,000)

ATTEST: \_\_\_\_\_ Date: \_\_\_\_\_  
City Clerk  
(if greater than \$1,000,000)

**ATTACHMENT A  
WORK ORDER SCOPE & SCHEDULE OF SERVICES**

June 27, 2018



Hydro Construction Company, Inc. - Scope of Services.

**Fort Collins Water Quality Lab Interior**

Perform remodeling/repairs at the Fort Collins Water Treatment Facility Water Quality Lab consisting of the following;

- Remove and replace fluorescent light fixtures with LED's.
- Remove cabinet and patch wall where necessary
- Supply and install white/cork board
- Install office window
- Replace damaged or stained ceiling tiles
- Replace door hardware where needed
- Install FRP around mop sink in janitor closet
- Remove and replace corner counter/sink with acid resistant counter with integral sink. Replace faucets
- Install exterior metal trim at garage door and provide venting or CO2 alarms

Schedule as follows;

WTF WQ Lab Interior Project 2018						
	July	August	September	October	November	December
Project Notice to Proceed						
Project Construction						
Project Substantial Completion						

**ATTACHMENT B  
WORK ORDER COST DETAIL**



**Standard Estimate Report**  
*FC WQL Interior*

<b>Project name</b>	FC WQL Interior
<b>Labor rate table</b>	Labor - Bare
<b>Equipment rate table</b>	Equipment
<b>Report format</b>	Sorted by 'Structure/Group phase' 'Detail' summary Allocate addons



**Standard Estimate Report**  
*FC WQL Interior*

Item	Description	Takeoff Qty	Labor	Material	Subcontract	Name	Equipment	Other	Total
			Amount	Amount	Amount		Amount	Amount	Amount
<b>01 WQL Finishes</b>									
<b>1000.000 GENERAL CONDITIONS</b>									
26	Bonds	1.00	Is	-	-	-	-	2,097	2,097
14	Project Manager	6.00	wk	11,928	-	-	1,500	228	13,656
14	Superintendent	6.00	wk	11,928	-	-	1,500	489	13,917
12	Office Trailer	1.00	mo	-	-	-	-	163	163
18	Telephone Charges	1.00	mo	-	-	-	-	130	130
20	Temporary Toilets	1.00	mo	-	-	-	-	130	130
10	Safety	1.00	Is	1,136	-	1,000	-	544	2,680
16	Conex	1.00	mo	-	-	-	1,200	0	1,200
	<b>GENERAL CONDITIONS</b>			<b>24,992</b>		<b>1,000</b>	<b>4,200</b>	<b>3,782</b>	<b>33,974</b>
	520.00		Labor hours						
	480.00		Equipment hours						
<b>1900.000 OWNED EQUIPMENT</b>									
10	Gators	1.00	mo	-	-	-	1,000	-	1,000
	<b>OWNED EQUIPMENT</b>						<b>1,000</b>		<b>1,000</b>
<b>9000.000 FINISHES</b>									
10	Ceiling Tiles	1.00	Is	3,578	13,479	0	-	163	17,220
40	Counter/Sink/Fau	1.00	Is	358	-	3,750	-	27	4,135
40	Mop Sink	1.00	Is	716	82	0	-	16	814
40	White/Cork Board	1.00	Is	179	217	0	-	-	396
40	Garage Door Trim	1.00	Is	1,431	1,304	0	-	71	2,806
40	Garage Vent	1.00	Is	2,863	1,902	2,500	-	38	7,303
40	Doors/Door Hardware	1.00	Is	1,968	3,277	2,500	-	114	7,860
40	Office Window	1.00	Is	1,789	245	2,500	-	114	4,648
	<b>FINISHES</b>			<b>12,882</b>	<b>20,506</b>	<b>11,250</b>		<b>544</b>	<b>45,182</b>
	144.002		Labor hours						
<b>16000.000 ELECTRICAL</b>									
-sub	Electrical Sub	1.00	Is	-	-	24,800	-	-	24,800
	<b>ELECTRICAL</b>					<b>24,800</b>			<b>24,800</b>
	<b>01 WQL Finishes</b>			<b>37,874</b>	<b>20,506</b>	<b>37,050</b>	<b>5,200</b>	<b>4,325</b>	<b>104,956</b>
	664.002		Labor hours						
	480.00		Equipment hours						



**Standard Estimate Report**  
*FC WQL Interior*

**Estimate Totals**

Description	Amount	Totals	Hours	Rate	Cost Basis	Cost per Unit	Percent of Total
Labor	37,874		664.002 hrs				32.51%
Material	20,506						17.60%
Subcontract	37,050						31.80%
Equipment	5,200		480.000 hrs				4.46%
Other	4,325						3.71%
	<b>104,955</b>	<b>104,955</b>					<b>90.09</b> <b>90.09%</b>
Profit & Overhead	11,545			11.000 %	T		9.91%
	<b>11,545</b>	<b>116,500</b>					<b>9.91</b> <b>100.00%</b>
<b>Total</b>		<b>116,500</b>					



**ATTACHMENT C  
CERTIFICATE OF INSURANCE**



CONTRACTOR shall submit Certificate of Insurance in compliance with the Contract Documents.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/02/2018
---------------------------------

**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 have ADDITIONAL INSURED provisions or 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> Flood and Peterson PO Box 578  Greeley CO 80632	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Dana Stewart, CIC, CISR</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (970) 266-7149</td> <td>FAX (A/C, No): (970) 506-6845</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: DStewart@floodpeterson.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Phoenix Insurance Company</td> <td style="text-align: center;">25623</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Indemnity Company</td> <td style="text-align: center;">25658</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Property Casualty Company of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER D:</td> <td>Pinnacol Assurance</td> <td style="text-align: center;">41190</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	CONTACT NAME: Dana Stewart, CIC, CISR		PHONE (A/C, No, Ext): (970) 266-7149	FAX (A/C, No): (970) 506-6845	E-MAIL ADDRESS: DStewart@floodpeterson.com		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Phoenix Insurance Company	25623	INSURER B:	Travelers Indemnity Company	25658	INSURER C:	Travelers Property Casualty Company of America	25674	INSURER D:	Pinnacol Assurance	41190	INSURER E:			INSURER F:		
CONTACT NAME: Dana Stewart, CIC, CISR																												
PHONE (A/C, No, Ext): (970) 266-7149	FAX (A/C, No): (970) 506-6845																											
E-MAIL ADDRESS: DStewart@floodpeterson.com																												
INSURER(S) AFFORDING COVERAGE		NAIC #																										
INSURER A:	Phoenix Insurance Company	25623																										
INSURER B:	Travelers Indemnity Company	25658																										
INSURER C:	Travelers Property Casualty Company of America	25674																										
INSURER D:	Pinnacol Assurance	41190																										
INSURER E:																												
INSURER F:																												
<b>INSURED</b>  Hydro Construction Company Inc. 77 NW Frontage Road  Fort Collins CO 80524																												

**COVERAGES** **CERTIFICATE NUMBER:** GL/AU/XS/WC x4/19 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		DT-CO-8G990899-PHX-18	04/01/2018	04/01/2019	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
	MED EXP (Any one person)						\$ 10,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 2,000,000	
PRODUCTS - COMP/OP AGG	\$ 2,000,000							
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			DT-810-8G990899-IND-18	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUP-2J40080A-18-26	04/01/2018	04/01/2019	EACH OCCURRENCE	\$ 10,000,000
	AGGREGATE						\$ 10,000,000	
							\$	
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <span style="margin-left: 20px;">Y/N</span> (Mandatory in NH) <span style="margin-left: 20px;"><input type="checkbox"/> Y</span> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		2091550	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <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	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: WQ Lab Site Work, Lighting, Cabinet, Window, Ceiling Tiles, and Counters Replacement.  
  
 Work Order No. WTFHydroWQLIF062718  
  
 City of Fort Collins is included as Additional Insured on the General, Automobile, and Umbrella Liability Policies if required by written contract or agreement and with respect to work performed by Insured subject to the policy terms and conditions.

<b>CERTIFICATE HOLDER</b>  City of Fort Collins 4316 W Laporte  Fort Collins CO 80521-1945	<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 
---	--