



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 21, 2018

Play Pointe LLC, dba Fort Fun  
Attn: Jan McClure  
1513 East Mulberry  
Fort Collins, CO 80524

RE: Renewal, Misc. Agreement - Fort Fun Go Kart Classes

Dear Ms. McClure:

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 year, November 16, 2018 through November 15, 2019.


If the renewal is acceptable to your firm, please sign this letter in the space provided and **include a current copy of your 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 Beth Diven, Buyer, at (970) 221-6216 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:  
  
 A9DDA054C8CB45D...  
 Gerry S. Paul  
 Director of Purchasing

DocuSigned by:  
  
 C1140CEA000B4F8...  
 \_\_\_\_\_ 9/25/2018  
 Signature Date

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

GSP:kr



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2018

**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><br>Arthur J. Gallagher Risk Management Services, Inc.<br>1515 Fortino Blvd Suite 200<br>Pueblo CO 81008 | <b>CONTACT NAME:</b> Robin Engram<br><b>PHONE (A/C No. Ext):</b> 719-544-1111 <b>FAX (A/C, No):</b> 719-545-5120<br><b>E-MAIL ADDRESS:</b> Robin_Engram@ajg.com   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
|---|---|-------------------------------|--------|--|-------|--|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| <b>INSURED</b><br>PLAYPOI-01<br>Play Pointe, LLC dba Fort Fun<br>Fort Fun<br>1513 E. Mulberry<br>Fort Collins CO 80524  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> T.H.E. Insurance Company</td> <td style="text-align: center;">12866</td> </tr> <tr> <td><b>INSURER B:</b> Pinnacol Assurance Company</td> <td style="text-align: center;">41190</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> T.H.E. Insurance Company | 12866 | <b>INSURER B:</b> Pinnacol Assurance Company | 41190 | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> T.H.E. Insurance Company  | 12866   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b> Pinnacol Assurance Company  | 41190   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>   |   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>   |   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>   |   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>   |   |                               |        |  |       |  |       |                   |  |                   |  |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** 903229235**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CPP0104255-04 | 7/1/2018                | 7/1/2019                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 0<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                           |           |          | CPP0104255-04 | 7/1/2018                | 7/1/2019                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          | CPP0104255-04 | 7/1/2018                | 7/1/2019                | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | 4032913       | 9/1/2018                | 9/1/2019                | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate holder is named as an Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Collins  
 Purchasing Division  
 P.O. Box 580  
 Fort Collins CO 80522  
 USA

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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