



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

July 8, 2019

Meeting the Challenge Inc  
Attn: Kent Kelley  
3630 Sinton Road, Suite 103  
Colorado Springs, CO 80907

RE: 8138 Professional Services for ADA Consultant

Dear Mr. Kelley:

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, September 15, 2019 through September 14, 2020.

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, CPPB, Senior Buyer at (970) 221-6776 if you have any questions regarding this matter.

Sincerely,

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

DocuSigned by:  
  
659FCE1C461E4B7...  
Signature

7/8/2019  
Date

(Please indicate your desire to renew 8138 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) <b>7/8/2019</b>
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**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> Six & Geving Insurance, Inc. 3630 Sinton Road #200 Colorado Springs, CO 80907	<b>CONTACT NAME:</b> Amy Kingery <b>PHONE (A/C, No, Ext):</b> (719) 867-4529 <b>FAX (A/C, No):</b> (719) 590-9992 <b>E-MAIL ADDRESS:</b> akingery@six-geving.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : Ohio Security Insurance Comp</b>	
<b>INSURER B : Pinnacol Assurance</b> <span style="float: right;"><b>41190</b></span>	
<b>INSURER C : Philadelphia Indemnity Ins Co</b> <span style="float: right;"><b>18058</b></span>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
<b>A</b>	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>BKS55623620</b>	<b>9/30/2018</b>	<b>9/30/2019</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>300,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>15,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	<b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>300,000</b>	MED EXP (Any one person)	\$	<b>15,000</b>	PERSONAL & ADV INJURY	\$	<b>1,000,000</b>	GENERAL AGGREGATE	\$	<b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>		\$	
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<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>2324392</b>	<b>10/1/2018</b>	<b>10/1/2019</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE    <input type="checkbox"/> OTHER</td><td></td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. EACH ACCIDENT	\$	<b>500,000</b>	E.L. DISEASE - EA EMPLOYEE	\$	<b>500,000</b>	E.L. DISEASE - POLICY LIMIT	\$	<b>500,000</b>									
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<b>A</b>	<b>Property</b>			<b>BKS55623620</b>	<b>9/30/2018</b>	<b>9/30/2019</b>	<b>Contents</b> <span style="float: right;"><b>110,406</b></span>																					
<b>C</b>	<b>Professional</b>			<b>PHSD1381892</b>	<b>10/1/2018</b>	<b>10/1/2019</b>	<b>E&amp;O Liability</b> <span style="float: right;"><b>1,000,000</b></span>																					

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The City of Fort Collins is named as Additional Insured on the General Liability and Auto Liability polices as their interest may appear with respect to the operations performed by the insured.

<b>CERTIFICATE HOLDER</b>  City of Fort Collins Purchasing Department PO 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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