



Administrative Services

Purchasing Division

March 4, 2002

Kwal-Howells, Inc.
4637 S. Mason, Inc.
Ft. Collins, CO 80526

Re: Bid #5458/006-99 MAPO-Athletic Field Paint

The City of Fort Collins has elected to renew Bid #5458/006-99 MAPO-Athletic Field Paint for the City of Fort Collins with your firm. The terms and conditions of this renewal will be the same as stated in the original bid documents and including the following price increases:

	2002 Price
Latex White	\$3.01
Latex Color	\$8.10

If the renewal is acceptable to your firm, please sign this letter in the space provided and return along with a current copy of your insurance to the City of Fort Collins, Purchasing Division, before March 15, 2002. **If delivered**, please deliver to 215 North Mason Street, 2nd Floor, Fort Collins, CO 80524. **If mailed**, the mailing address is P.O. Box 580, Fort Collins, Colorado 80522-0580.

If this renewal is not acceptable with your firm, please send us a written notice stating that you do not wish to renew the bid. If you have any questions regarding this renewal, please contact John Stephen, CPPB, Senior Buyer, at 970-221-6777.

Sincerely,

James B. O'Neill II, CPPO, FNIGP
Director of Purchasing and Risk Management

Signature

3/18/02
Date

(Please indicate your desire to renew Bid #5458/006-99 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before March 15, 2002.)

ACORD CERTIFICATE OF LIABILITY INSURANCE

08/03/2002

DATE (MM/DD/YY)
08/03/2001

PRODUCER
LOCKTON COMPANIES
444 W. 47TH STREET, SUITE 900
(816) 960-9000
KANSAS CITY MO 64112-1906

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED PROFESSIONAL PAINT, INC.
1006482 KWAL-HOWELLS, INC.
ATTN: PATI NUCE
3900 JOLIET STREET
DENVER CO 80239

INSURER A : AM. INT'L SPECIALTY LINES
INSURER B : COMMERCE & INDUSTRY INSURANCE CO.
INSURER C :
INSURER D :
INSURER E :

COVERAGES ZB

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

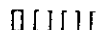
INSR. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	1950155	08/03/2001	08/03/2002	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLLUTION LEGAL LIAB.				PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> (CLAIMS MADE FORM)				GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	8087121	08/03/2001	08/03/2002	COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY		NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX
<input type="checkbox"/> ANY AUTO					OTHER THAN EA ACC \$ XXXXXXXX
					AGG \$ XXXXXXXX
<input type="checkbox"/> EXCESS LIABILITY		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					AGGREGATE \$ XXXXXXXX
<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM					\$ XXXXXXXX
RETENTION \$					\$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	9387219	08/03/2001	08/03/2002	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER \$ 1,000,000
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
OTHER					E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION



1014845
TO WHOM IT MAY CONCERN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE