



Administrative Services
Purchasing Division

SEP 02 2005

August 26, 2005

Lewis Tennis Inc.
1205 W. Elizabeth ST #E-PMB 111
Fort Collins, CO 80521

Re: Renewal, Agreement # P896 Rolland Moore Tennis Pro Shop Concession

Dear Mr. Lewis:

The City of Fort Collins has elected to renew Agreement# P896-Roland Moore Tennis Pro Shop Concession 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.

The term will be extended from September 5, 2005 through September 5, 2006.

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 Certificate of Liability Insurance, to the City of Fort Collins, Purchasing Division, before September 5, 2005. If delivered, please deliver to 215 North Mason Street, 2nd Floor, Fort Collins, CO 80521. If mailed, the mailing address is P.O. Box 580, Fort Collins, CO 80522-0580. If not acceptable, please send us a written notice stating that you do not wish to renew the contract and the reason for non-renewal.

If you have any questions regarding this matter, please contact David Carey, Buyer, C.P.M. at (970) 416-2191.

Sincerely,

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

Signature

9/1/05

Date

(Please indicate your desire to renew Agreement # P896 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division.)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2005

PRODUCER
Welsh Insurance - Fort Collins
4033 Boardwalk Drive
Suite 200
Fort Collins CO 80525

INSURED
LEWIS TENNIS INC.
1205 W ELIZABETH ST. #E-FMB111

FORT COLLINS CO 80521

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	NAIC #
INSURER A: AUTO-OWNERS INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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 ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	7468734805	07/15/2005	07/15/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
		<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

TENNIS PRO SHOP

AUTO-OWNERS INSURANCE COMPANY'S ADDITIONAL INSURED ENDORSEMENT #55202 IS ATTACHED TO POLICY FOR THE CITY OF FORT COLLINS

CERTIFICATE HOLDER

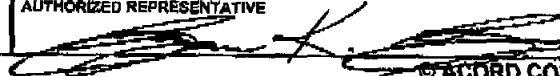
CITY OF FORT COLLINS
215 N MASON
FORT COLLINS, CO 80524
ATTN: JAMES B. O'NEILL (PURCHASING DIVISION)

FAX# 970-221-8707

CANCELLATION

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



ACORD 25 (2001/08)

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