



**Forsberg  
Engerman**  
C O M P A N Y

SURETY BONDS        BUSINESS INSURANCE        WORKERS COMPENSATION

3575 S Sherman St, Englewood, CO 80113    p. 303-762-1717    f. 303-762-1733    alt. p. 800-677-5306

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**FACSIMILE TRANSMITTAL SHEET**

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<b>TO:</b> John Stephen	<b>FROM:</b> Mike Swaim
<b>COMPANY:</b> City of Fort Collins	<b>DATE:</b> 3/18/08
<b>FAX NUMBER:</b> 870-221-6707	<b>TOTAL NO. OF PAGES INCLUDING COVER:</b> 2
<b>PHONE NUMBER:</b>	<b>SENDER'S E-MAIL ADDRESS:</b> mike@forsberg-engerman.com
<b>RE:</b> Certificate of Insurance for Environmental Abatement Services	

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**NOTES/COMMENTS**

**CONFIDENTIALITY NOTICE:** This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this message in error, please notify us immediately by telephone at (303)762-1717 and also indicate the sender's name.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID RE ENVABAT DATE (MM/DD/YYYY) 03/18/08

<b>PRODUCER</b> Forsberg Engerman Company 3575 S. Sherman St. Englewood CO 80113 Phone: 303-762-1717	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.	
	<b>INSURED</b> Environmental Abatement Services of Denver Inc Sue Leidolph 4301 S Federal Blvd Ste 112 Englewood CO 80110	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Aroh Specialty Insurance Comp INSURER B: Redland Insurance Company INSURER C: Pinnacle Assurance 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors <input type="checkbox"/> Pollution & Mold GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	12EMP4343603	11/22/07	11/22/08	EACH OCCURRENCE \$ 2000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/PO AGG \$ 2000000 Mold 1000000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RICCO0001396	11/22/07	11/22/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	12EMX4389600	11/22/07	11/22/08	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	4060937	09/01/07	09/01/08	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> DIF-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEES \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
A	Fungus/Spore/Mold Liability	12EMP4343603	11/22/07	11/22/08	Per Claim \$1000000 Aggregate \$1000000

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

Job #4510 Project: River Song School  
 The City of Fort Collins is named as an additional insured with respects to general liability.

**CERTIFICATE HOLDER**

CITYFT2  
 City of Fort Collins  
 Attn: John Stephen  
 215 N Mason St  
 Fort Collins CO 80522-0580

**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  




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<b>INSURED</b> Environmental Abatement Services of Denver Inc Sue Leidolph 4301 S Federal Blvd Ste 112 Englewood CO 80110		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Aroh Specialty Insurance Comp	
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		INSURER C: Pinnacol Assurance	
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A	X	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors <input type="checkbox"/> Pollution & Mold GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC	12EMP4343603	11/22/07	11/22/08	EACH OCCURRENCE	\$ 2000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
							MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 2000000
							GENERAL AGGREGATE	\$ 2000000
							PRODUCTS - COMPI/OP AGG	\$ 2000000
							Mold	1000000
B		X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS B <input checked="" type="checkbox"/> HIRED AUTOS B <input checked="" type="checkbox"/> NON-OWNED AUTOS	RICCO0001396	11/22/07	11/22/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
							OTHER THAN AUTO ONLY: EA ACC	\$
							AGG	\$
A		X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	12EMX4389600	11/22/07	11/22/08	EACH OCCURRENCE	\$ 1000000
							AGGREGATE	\$ 1000000
								\$
								\$
								\$
C			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	4060937	09/01/07	09/01/08	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1000000
							E.L. DISEASE - EA EMPLOYEE	\$ 1000000
							E.L. DISEASE - POLICY LIMIT	\$ 1000000
A			Fungus/Spore/Mold Liability	12EMP4343603	11/22/07	11/22/08	Per Claim	\$1000000
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