



Financial Services  
Purchasing Division  
215 North Mason Street  
2nd Floor  
PO Box 580  
Fort Collins, CO 80522  
970.221.6775  
970.221.6707 - fax  
fcgov.com/purchasing

RECEIVED  
JUN 9 2011  
BY: JWY

May 25, 2011

Waste-Not Recycling  
Attn: Ms. Anita Corner  
1065 Poplar St  
Loveland, CO 80534

RE: Miscellaneous Services Agreement, E-Waste Recycling

Dear Ms. Corner:

The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the existing terms and conditions.

The term will be extended for one (1) additional year, September 1, 2011 through August 31, 2012.

If the renewal is acceptable to your firm, please sign this letter in the space provided **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen 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 Ed C. Bonnette, C.P.M., CPPB, Buyer at (970) 221-2247 if you have any questions regarding this matter.

Sincerely,

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

for  
Action

Signature

6-2-11

Date

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

JBO: II



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KH

DATE (MM/DD/YYYY)

05/27/11

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 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).

PRODUCER <b>PFS Insurance Group - JT</b> 4848 Thompson Pkwy, Ste 200 Johnstown, CO 80534 John Hintzman	970-635-9400  970-635-9401	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>EARTH-3</b> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : <b>Mountain States Insurance Grp</b> INSURER B : <b>Underwriters at Lloyds, London</b> INSURER C : INSURER D : INSURER E : INSURER F :
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**INSURED**  
**Earth Enterprises, Inc.**  
**Dbawaste- Not Recycling**  
**1065 Poplar Street**  
**Loveland, CO 80537**

**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 SUBR INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPP0099342  BLKT ADD'L INSURED PRIMARY/NON-CONTRIBUTORY	06/03/11	06/03/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> UND2470402						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> UND390						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY			CPP0099342  COMP DED: \$100	06/03/11	06/03/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$				
<input checked="" type="checkbox"/> Hired/Non-Owned			\$				
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	CPP0099342	06/03/11	06/03/12	EACH OCCURRENCE \$ 4,000,000
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE \$ 4,000,000
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A			WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A		E.I. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.I. DISEASE - EA EMPLOYEE \$		
					E.I. DISEASE - POLICY LIMIT \$		
B	Errors & Omissions			2987BRT00003	06/03/11	06/03/12	E&O 1,000,000
A	POLLUTION			CPP0099342	06/03/11	06/03/12	POLLUTION 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 If required by written contract or written agreement, the certificate holder is included as additional insured for ongoing operations under general liability.

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;"><b>CITYOFF</b></div> City of Fort Collins Purchasing Division P.O. Box 580 Fort Collins,, CO 80522-0580	<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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