



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

July 1, 2015

Waste Management Recycle America
Attn: Jeremy Castor jcastor2@wm.com
451 West 69th Street
Loveland, CO 80538

RE: Renewal, Miscellaneous Agreement - Cartridge Recycling

Dear Mr. Castor:

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, October 1, 2015 through September 30, 2016.

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 Ed C. Bonnette, C.P.M., CPPB, Buyer at (970) 416-2247 if you have any questions regarding this matter.

Sincerely,

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

DocuSigned by:
Jeremy Castor
B5B359DD5677414

Signature

7/13/2015

Date

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

GSP:jg

18323 Bothell-Everett Hwy.
Ste 220
Bothell, Washington 98012



Tel: 425.398.6200
Fax: 425.395.6298

Contract Assignment Authorization

City of Fort Collins, CO ("Client") hereby consents to an assignment by WM Product Recovery Services, LLC ("WM") to JACO Product Recovery Services, LLC ("JACO") of all its rights and obligations under the current Services Agreement, dated January 16, 2015 (including all amendments, modifications and related statements of work, if applicable) between Client and WM. Client agrees that, having received this written notice from JACO that the transaction has closed and the contract has been assigned to JACO, all payments to be made by Client to WM under such contract shall be made to JACO after the date hereof.

By: [Signature]

Printed Name: Michael Jacobsen

Title: President

Date: July 1, 2015.

For City of Fort Collins:

By: [Signature]

PRINTED NAME: Gary Paul

TITLE: Director of Purchasing

DATE: 7/13/15

Payment Information

By Check:

JACO Product Recovery Services, LLC
Accounts Payable
451 W. 69th St.
Loveland, CO 80538

By ACH:

Wells Fargo Bank
3710 Grant Ave.
Loveland, CO 80538
ABA: 125008547
Acct. #1622998357

JACO Product Recovery Services FEIN: 47-2358151

Corporate Office:

PO BOX 14307 - Mill Creek - Washington - 425 398 6200

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
POLICY TYPE: Workers Compensation CARRIER: Continental Indemnity Company POLICY TERM: 9/15/2014 – 9/15/2015 POLICY NUMBER: 73-877317-01-04	Covers the following states: CO, FL, IL, IN, MA, MD, ME, MI, MN, NC, NJ, NM, NY, PA, WI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2015

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: Willis of Seattle, Inc. CONTACT NAME: Willis Certificate Center. INSURER(S) AFFORDING COVERAGE: Aspen Specialty Insurance Co, Continental Indemnity Company.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS CERTIFICATE VOIDS AND REPLACES THE PREVIOUSLY ISSUED CERTIFICATE DATED: 7/7/2015 OMNI Group of North America is included as an Additional Insured as respects to General Liability where required by written contract.

CERTIFICATE HOLDER: OMNI Group of North America. CANCELLATION: 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: Rodney V. Looney

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