

Financial Services
Purchasing Division
215 N. Mason St. 2<sup>nd</sup> Floor
PO Box 580
Fort Collins, CO 80522

**970.221.6775** 970.221.6707- fax fcgov.com/purchasing

February 4, 2020

Iconergy, Ltd. Attn: Doug Hargrave 1905 Sherman Street, Suite 1040 Denver, CO 80203

RE: Contract Renewal, 8668 Building Energy Modeling Services - Iconergy

Dear Mr. Hargrave:

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, April 15, 2020 through April 14, 2021.

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 Elliot Dale, Senior Buyer at (970) 221-6777 if you have any questions regarding this matter.

Signature	Date	
Docusigned by: Down Hargram	2/7/2020	
Docusigned by:  A9D0A054C8CB45D  Gerry S. Paul  Director of Purchasing		
Sincerely,		

(Please indicate your desire to renew 8668 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP:kr



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2019

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	ms and conditions of th	e polic	y, certain po	olicies may ı					
this certificate does not confer rights to the certificate holder in lieu of s						CONTACT						
Tho	omas McGee Group				FAV					0.5040		
	) Box 419013				(A/C, No, Ext): 816-843-4632 (A/C, No): 816-4/2-5018					2-5016		
Kar	nsas City MO 64141-6013				ADDRESS: jnee@thomasmcgee.com							
								RDING COVERAGE		NAIC#		
				ICONI TD 02	INSURER A: Twin City Fire Insurance Co					29459 19801		
INSURED ICONLTD-02 Iconergy, LTD						INSURER B: Argonaut Insurance						
190	05 Sherman St., Ste. 1040				INSURE	RC:						
Dei	nver CO 80203				INSURE							
					INSURE							
					INSURER F:							
				NUMBER: 1969485211				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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY			20UEGIC1642		9/15/2019	9/15/2020	EACH OCCURRENCE	\$ 1,000	,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000		
								MED EXP (Any one person)	\$ 10,00	0		
								PERSONAL & ADV INJURY	\$ 1,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000		
Α	OTHER: AUTOMOBILE LIABILITY			20UEGIC1642		9/15/2019	9/15/2020	COMBINED SINGLE LIMIT	\$ 1,000	000		
^	X ANY AUTO			20020101042		3/13/2019	3/13/2020	(Ea accident) BODILY INJURY (Per person)	\$	,000		
	OWNED SCHEDULED AUTOS ONLY AUTOS  V HIRED V NON-OWNED						BODILY INJURY (Per accident) \$					
								PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
Α	V HMDDELLALIAD V			001150104040		0/45/0040	0/45/0000					
Α	-verse	UMBRELLA LIAB X OCCUR 20UEGIC1642		200EGIC 1042	9/15/2019		9/15/2020			,000		
	CLAIMS-MADE							AGGREGATE \$5,00		,000		
Α	DED X RETENTION \$ 10,000			20MECA DOLINIC		0/45/0040	0/45/0000	X PER OTH-	\$			
^	AND EMPLOYERS' LIABILITY Y / N	N/A		20WEGAB6HNK		9/15/2019	9/15/2020	<u> </u>				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$1,000,000			
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
-	DESCRIPTION OF OPERATIONS below			4044500470004		0/45/0040	0/45/0000	E.L. DISEASE - POLICY LIMIT	\$1,000 2,000	,		
В	Professional Liability			121AE000173801		9/15/2019	9/15/2020	Limit Retention	25,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (4	CORD	101. Additional Remarks Schedu	le. mav h	attached if more	space is require	ed)				
D_00	THE TOTAL OF ENAMENCY ESSATISTICS VEHICLE	(,	iooni	101, Additional Remarks Soficad	ic, may b	dituoned ii more	opude is require	.u,				
CERTIFICATE HOLDER 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.							
Sample Certificate					AUTHORIZED REPRESENTATIVE							
					4	1						



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2020

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 have ADDITIONAL INSURED provisions or 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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
	PRODUCER CONTACT NAME: Jon Nee										
Thomas McGee Group					PHONE (A/C, No, Ext): 816-843-4632 (A/C, No): 816-472-5018						
P O Box 419013 Kansas City MO 64141-6013				E-MAIL ADDRESS: jnee@thomasmcgee.com							
Trainisas only into 64141 0010				INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURE	RA: Twin City					29459
INSURED ICONLTD-02						кв: Argonau	,				19801
Iconergy, LTD					INSURE						
1905 Sherman St., Ste. 1040 Denver CO 80203					INSURE						
Deliver GO 00203						RE:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 469130273	REVISION NUMBER:						
$\overline{}$					VE BEE	N ISSUED TO				HE POL	ICY PERIOD
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.											
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	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED (rrence)	\$1,000	,000
								MED EXP (Any one	,	\$ 10,00	0
								PERSONAL & ADV I		\$1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ENERAL AGGREGATE \$2,000		,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$2,000	,000
	OTHER:									\$	,
Α	AUTOMOBILE LIABILITY			20UEGIC1642		9/15/2019	9/15/2020	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000	,000
	X ANY AUTO							BODILY INJURY (Pe			
OWNED SCHEDULED AUTOS ONLY								BODILY INJURY (Pe	Y INJURY (Per accident) \$		
X HIRED X NON-OWNED AUTOS ONLY								PROPERTY DAMAG (Per accident)	SE	\$	
	ASTOC SINE!							(* 0. 0.00.00)		\$	
Α	X UMBRELLA LIAB X OCCUR			20UEGIC1642		9/15/2019	9/15/2020	EACH OCCURRENC	CE	\$5,000	,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$5,000			,000
	DED X RETENTION\$ 10,000									\$	
Α	WORKERS COMPENSATION			20WEGAB6HNK		9/15/2019	9/15/2020	X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y/N  OFFICER/MEMBER EYELLIDED?							E.L. EACH ACCIDE		\$ 1,000	,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$1,000	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$1,000	,000
В	Professional Liability			121AE000173801		9/15/2019	9/15/2020	Limit		2,000	
								Retention		25,00	0
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Re: 8668 Building Energy Modeling Services City of Fort Collins is included as additional insured on the General Liability and Auto Liability when required by written contract.											
Only of Fort Common to included as additional insured on the Ceneral Elability and Auto Elability when required by written contract.											
CANCELLATION											

CERTIFICATE HOLDER

CANCELLATION

City of Fort Collins 215 North Mason Street Fort Collins CO 80522 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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