



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

February 4, 2020

Architecture West
Attn: Steve Steinbicker
160 Palmer Drive
Fort Collins, CO 80525

RE: Renewal, 8254 Park Architectural Services On-Call

Dear Mr. Steinbicker:

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, May 1, 2020 through April 30, 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.

Sincerely,

DocuSigned by:

A9D0A054C8CB45D...
Gerry S. Paul
Director of Purchasing

DocuSigned by:

7781EC13EEC145E...
Signature

2/7/2020
Date

(Please indicate your desire to renew 8254 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP:kr



ARCHWES-01

C3TAVGARES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2020

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).

PRODUCER AssuredPartners Colorado dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Architecture West, LLC Steve Steinbicker 160 Palmer Dr Ft. Collins, CO 80525	INSURER A : Continental Casualty Company		20443
	INSURER B : Pinnacol Assurance		41190
	INSURER C : RLI Insurance Company		13056
	INSURER D :		
	INSURER E :		
INSURER F :			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	X		6025163391	3/13/2020	3/13/2021	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input checked="" type="checkbox"/>	EBL						MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY	X		6025163391	3/13/2020	3/13/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO OWNED AUTOS ONLY						SCHEDULED AUTOS	BODILY INJURY (Per person)	\$ 1,000,000
	<input checked="" type="checkbox"/>	HIRE AUTOS ONLY						NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$ 1,000,000
									PROPERTY DAMAGE (Per accident)	\$ 1,000,000
									\$	
	<input type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/>	EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/>								\$	
	<input type="checkbox"/>	DED							\$	
	<input type="checkbox"/>	RETENTION \$							\$	
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4080892	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/> Y / N <input type="checkbox"/> N / A	E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
									E.L. DISEASE - POLICY LIMIT	\$ 500,000
C		Professional Liabili			RDP0033291	7/16/2019	7/16/2020	Each	1,000,000	
C		Professional Liabili			RDP0033291	7/16/2019	7/16/2020	Aggregate	2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project: 8254 Park Arch'l. Svcs The City of Fort Collins is named additional insured with respects to the General Liability policy including hired and non-owned auto.

CERTIFICATE HOLDER

CANCELLATION

City of Fort Collins 215 N. Mason St., 2nd Fl. PO Box 580 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 