



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 5, 2020

SavATree LLC dba Swingle Lawn & Tree
Attn: Donald C. Becker
1805 E Lincoln Ave
Fort Collins, CO 80524

RE: Renewal, 8503 Tree Pruning & Miscellaneous Tree Work

Dear Mr. Becker:

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 your 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 Marisa Donegon, Buyer at (970) 416-4377 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:

A9D0A054C8CB45D...
Gerry S. Paul
Director of Purchasing

DocuSigned by:

FDCAB1A0EBC54E6...
Signature

2/10/2020

Date

(Please indicate your desire to renew 8503 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)
6/26/2019

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.

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 USI Insurance Services 726 Exchange Street Buffalo, NY 14210	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONTACT NAME:</td> <td colspan="3">Michael Scarcello</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>716-314-2000</td> <td>FAX (A/C, No):</td> <td>716-314-2199</td> </tr> <tr> <td>E-MAIL ADDRESS:</td> <td colspan="3">michael.scarcello@usi.com</td> </tr> <tr> <td colspan="4" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>Zurich American Insurance Co.</td> <td>NAIC #</td> <td>16535</td> </tr> <tr> <td>INSURER B:</td> <td>American Guarantee & Liability</td> <td></td> <td>26247</td> </tr> <tr> <td>INSURER C:</td> <td>Great American Insurance Co.</td> <td></td> <td>16691</td> </tr> <tr> <td>INSURER D:</td> <td>Navigators Insurance Company</td> <td></td> <td>42307</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> <td></td> </tr> </table>	CONTACT NAME:	Michael Scarcello			PHONE (A/C, No, Ext):	716-314-2000	FAX (A/C, No):	716-314-2199	E-MAIL ADDRESS:	michael.scarcello@usi.com			INSURER(S) AFFORDING COVERAGE				INSURER A:	Zurich American Insurance Co.	NAIC #	16535	INSURER B:	American Guarantee & Liability		26247	INSURER C:	Great American Insurance Co.		16691	INSURER D:	Navigators Insurance Company		42307	INSURER E:				INSURER F:			
CONTACT NAME:	Michael Scarcello																																								
PHONE (A/C, No, Ext):	716-314-2000	FAX (A/C, No):	716-314-2199																																						
E-MAIL ADDRESS:	michael.scarcello@usi.com																																								
INSURER(S) AFFORDING COVERAGE																																									
INSURER A:	Zurich American Insurance Co.	NAIC #	16535																																						
INSURER B:	American Guarantee & Liability		26247																																						
INSURER C:	Great American Insurance Co.		16691																																						
INSURER D:	Navigators Insurance Company		42307																																						
INSURER E:																																									
INSURER F:																																									
INSURED SavATree, LLC and all related DBA's 550 Bedford Road Bedford Hills NY 10507																																									

COVERAGES **CERTIFICATE NUMBER:** 49562187 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> BLKT. CONTRACTUAL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GLO 0381388	7/1/2019	7/1/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$250 COMP <input checked="" type="checkbox"/> \$500 COLL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BAP 0381389	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto \$3,000,000
D				HO19EXCZ02FH2IV	7/1/2019	7/1/2020	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AUC 0178816	7/1/2019	7/1/2020	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	WC 0381387	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	<input checked="" type="checkbox"/> CONTRACTOR'S EQUIPMENT (\$10,000 Deductible)			MAC0247225	7/1/2019	7/1/2020	LEASED/RENTED \$250,000 SCHEDULED \$5,912,075

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached acord 101
 City of Fort Collins is included as an Additional Insured with respect to General Liability and Auto Liability as required by written contract. and a waiver of subrogation applies to the General Liability, Automobile Liability and Workers Compensation to the extent covered by endorsement form(s) U-GL-1175-F CW Edition date 04/13, U-CA-424-E NY Edition date 04/11, U-GL-1345-B CW Edition date 04/13, WC000313 Edition date 04/84.

CERTIFICATE HOLDER City of Fort Collins PO Box 580 Fort Collins CO 80522	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 Michael Bonetto
--	---

AGENCY CUSTOMER ID: 153241

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY USI Insurance Services		NAMED INSURED SavATree, LLC and all related DBA's 550 Bedford Road Bedford Hills NY 10507	
POLICY NUMBER GLO 0381388		EFFECTIVE DATE: 7/1/2019	
CARRIER Zurich American Insurance Co.	NAIC CODE 16535		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: City of Fort Collins

ADDRESS: PO Box 580 Fort Collins CO 80522

To the extent covered by endorsement form(s):

General Liability:

CG 00 01 (04/13) COMMERCIAL GENERAL LIABILITY COV FORM
 U-GL-1175-F CW (04/13) Additional Insured-Automatic-Owners, Lessees or Contractors
 U-GL-1521-A CW (10/12) Blanket Notification to Others of Cancellation or Non-Renewal
 U-GL-1345-B CW (04/13) General Liability Supplemental Coverage Endorsement - Includes Waiver of Subrogation
 CG 20 10 (04/13) Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization
 CG 20 26 (04/13) ADDL INSD-DESIGNATED PERSON/ORGANIZATION
 CG 20 37 (04/13) Additional Insured-Owners, Lessees or Contractors-Completed Operations
 CG 25 03 (05/09) Designated Construction Project(s) General Aggregate Limit
 CG 25 04 (05/09) DESIGNATED LOCATIONS GENERAL AGGREGATE

Automobile Liability:

CA 20 01 (10/13) ADDL INSD-LESSOR
 U-CA-387-A 07-94 SCHEDULE OF LOSS PAYEE(S)
 U-CA-832-A CW (01/13) BLANKET NOTIFCATION TO OTH CANC/NONREN
 U-CA-424-F NY (02/16) COVERAGE EXTENSION ENDT-NY

Workers' Compensation:

WC 00 03 13 (04/84) Blanket Waiver of Our Right to Recover from Others Endorsement
 WC 99 06 43 (01/13) Blanket Notification to Others of Cancellation or Non-Renewal