



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

May 11, 2020

Ag-Air, Inc. dba Frontier Helicopters
Attn: Ros Osborne
PO Box 606
Johnstown, CO 80534

RE: Contract Renewal, Frontier Aerial Herbicide Application

Dear Mr. Osborne:

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, August 15, 2020 through August 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 Buyer, Beth Diven at (970) 221-6216 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:

A9D0A054C8CB45D...
Gerry S. Paul
Director of Purchasing

DocuSigned by:

348DE5221EC3406...

Signature

5/16/2020

Date

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

GSP:kr



OLD REPUBLIC INSURANCE COMPANY

CERTIFICATE OF INSURANCE

This is to certify to
(Certificate Holder):

City of Fort Collins
Post Office Box 580
Fort Collins, CO 80522-0580

The following policy(ies)
have been issued to:

Ag Air, Inc. dba Frontier Helicopter, Inc.,
Frontier Fertilizer & Chemical Company, Inc.
P.O. Box 606
Johnstown, CO 80534

AIRCRAFT POLICY NO: AG 000376 19
INSURANCE COMPANY:

POLICY PERIOD: FROM: August 04, 2019
OLD REPUBLIC INSURANCE COMPANY

TO: August 04, 2020

AIRCRAFT LIABILITY EXCLUDING CHEMICAL LIABILITY:	LIMITS OF LIABILITY	
	EACH PERSON	EACH OCCURRENCE
<input type="checkbox"/> C. Bodily Injury Liability Excluding Passengers:	\$	\$
<input type="checkbox"/> D. Property Damage:	\$XXX	\$
<input type="checkbox"/> E. Passenger Bodily Injury:	\$	\$
<input checked="" type="checkbox"/> F. Combined Bodily Injury & Property Damage Liability Excluding Passenger & Excluding Chemical Liability:	\$	\$1,500,000

AIRCRAFT CHEMICAL LIABILITY:	LIMITS OF LIABILITY	
	EACH PERSON	EACH OCCURRENCE
<input type="checkbox"/> G. Limited Chemical Bodily Injury Liability:	\$	\$ Aggregate
<input type="checkbox"/> H. Limited Chemical Property Damage:	\$XXX	\$ Aggregate
<input type="checkbox"/> I. Limited Chemical Combined Bodily Injury/Property Damage:	\$	\$ Aggregate
<input type="checkbox"/> J. Comprehensive Chemical Bodily Injury Liability:	\$	\$ Aggregate
<input type="checkbox"/> K. Comprehensive Chemical Property Damage Liability:	\$XXX	\$ Aggregate
<input checked="" type="checkbox"/> L. Comprehensive Chemical Combined Bodily Injury & Property Damage Liability:	\$XXX	\$500,000 \$1,000,000 Aggregate

DESCRIPTION OF AIRCRAFT	PHYSICAL DAMAGE COVERAGE:		ALL RISKS GROUND NOT-IN-MOTION	
	INSURED VALUE	NOT IN-MOTION	DEDUCTIBLES	
FAA NUMBER	YEAR	MAKE & MODEL	NOT IN-MOTION	IN-MOTION
N2949W	1972	Bell 206	\$500,000	\$2,500
N53MA	1977	Bell 206B II	\$500,000	\$2,500
N2268W	1982	Bell 206B II	\$500,000	\$2,500

As respects any Aircraft Owned and Operated by the Named Insured and covered under the above referenced Policy

AIRPORT POLICY NO:	POLICY PERIOD:	FROM:	TO:
INSURANCE COMPANY:	OLD REPUBLIC INSURANCE COMPANY		

LIABILITY COVERAGES:	LIMITS OF LIABILITY	
<input checked="" type="checkbox"/> M. Aerial Applicator's Premises Liability:	\$XXX each person	\$1,000,000 each occurrence *

* Refer to the Policy, an Annual Aggregate limit may apply to some coverages.

This Certificate Holder is:

- Included as a Loss Payee for Aircraft Physical Damage Coverage.
 Provided Breach of Warranty Coverage on Aircraft Physical Damage Coverage not to exceed 90% of the Insured Value.
 Included as an Additional Insured, but only with respect to operations of the Named Insured.
 Provided a Waiver of Subrogation, but only as respects Aircraft Physical Damage Coverage.

OTHER COVERAGES/CONDITIONS/REMARKS:

Provision has been made to give the Certificate Holder thirty (30) days Notice of Cancellation - ten (10) days for nonpayment of premium of any policy above, however, the Company assumes no responsibility for the failure to provide such notice. This Certificate does not change in any way the actual coverages provided by the policy(ies) specified above.

Agency Name: B&B Protector Plans, Inc.
Agency Phone: 800.527.4953

Old Republic Aerospace Representative:

Date: 08/05/2019



OLD REPUBLIC INSURANCE COMPANY

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(Certificate Holder):

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TO: August 04, 2020

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DESCRIPTION OF AIRCRAFT	PHYSICAL DAMAGE COVERAGE:		ALL RISKS GROUND NOT-IN-MOTION	
	INSURED VALUE	DEDUCTIBLES	NOT IN-MOTION	IN-MOTION
FAA NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES
N2949W	1972	Bell 206	\$500,000	\$2,500
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Agency Name: B&B Protector Plans, Inc.
Agency Phone: 800.527.4953

Old Republic Aerospace Representative:

Date: 08/05/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2020

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Colorado, Inc 2170 S. Parker Rd Ste 251 Denver, CO 80231 Jason Sartor	720-963-4286	CONTACT NAME: Evie Jo Ontiveros PHONE (A/C, No, Ext): 720-963-4286 FAX (A/C, No): 720-962-5142 E-MAIL ADDRESS: eontiveros@bbdenver.com
	INSURER(S) AFFORDING COVERAGE	
INSURED AG Air Inc. DBA Frontier Fertilizer & Chemical Co Ron Osborne P.O. Box 606 Johnstown, CO 80534	INSURER A : Ace American Ins. Co.	NAIC # 22667
	INSURER B : Pinnacol Assurance Company	41190
	INSURER C :	
	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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		CALH25142743-001	08/15/2019	08/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	1009382	07/01/2019	07/01/2020	PER STATUTE 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

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

Per policy terms, conditions and exclusions City of Ft Collins is an Additional Insured as respects Auto Liability, as required by written contract.

CERTIFICATE HOLDER CANCELLATION

FTCOLLC City of Ft Collins Purchasing Dept PO Box 580 Ft 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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