



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

Black Eagle Fence, Inc.
Attn: Randy Peck
5441 Boeing Drive, Suite 1B
Loveland, CO 80539

RE: Renewal, 8897 - Fencing and Gate Installation Services On-Call

Dear Mr. Peck:

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 1, 2020 through July 31, 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:

 B55BE70DEBCA41D...
 Signature

5/15/2020
 Date

(Please indicate your desire to renew 8897 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)

5/12/2020

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	
INSURER A : ACUITY, A Mutual Insurance Company	
NAIC #	
14184	
INSURER B : Pinnacol Assurance	
41190	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Black Eagle Fence, Inc.
PO Box 295
Loveland, CO 80539

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	<input checked="" type="checkbox"/>		Z67437	6/1/2019	6/1/2020	EACH OCCURRENCE	1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000
		<input type="checkbox"/>						MED EXP (Any one person)	5,000
		<input type="checkbox"/>						PERSONAL & ADV INJURY	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC								PRODUCTS - COMP/OP AGG	2,000,000
OTHER:									
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>		Z67437	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
		<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		<input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>		Z67437	6/1/2019	6/1/2020	EACH OCCURRENCE	1,000,000
		<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	1,000,000
		<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4148836	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A					E.L. EACH ACCIDENT	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	1,000,000
A	<input checked="" type="checkbox"/>	Inland Marine			Z67437	6/1/2019	6/1/2020	Leased/Rented Equip.	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Fort Collins is named as additional insured if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Fort Collins
Director of Purchasing & Risk Management
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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners Colorado dba Front Range Ins Group		NAMED INSURED Black Eagle Fence, Inc. PO Box 295 Loveland, CO 80539	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Endorsements
Per CB-7245 Additional Insured Completed Operations.
Per CB-1488 Primary and Noncontributory.
Waiver of subrogation applies.**