

April 13, 2020

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

CSU Extension Larimer County CSU Extension Attn: Kerri Rollins 1525 Blue Spruce Dr. Fort Collins, CO 80524

RE: Renewal, Larimer County CSU Extension - Family Leadership Training Institute

Dear Ms. Rollins:

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, July 1, 2020 through June 30, 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 Elliot Dale, Senior Buyer at (970) 221-6777 if you have any questions regarding this matter.

DocuSigned by:

A9D0A054C8CB45D...

Gerry S. Paul

Director of Purchasing

DocuSigned by:

Sincerely,

| terri Rollins | 4/16/2020 |
|---------------|-----------|
| 5ignature | 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2019

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 | | | | | CONTACT NAME: Nathan Kathol | | | | | | | |
| Arthur J. Gallagher Risk Management Services, Inc. 6300 South Syracuse Way, Suite 700 | | | | PHONE (A/C, No, Ext): 303-889-2548 FAX (A/C, No): 720-200-5127 | | | | | 0-5127 | | | |
| Centennial CO 80111 | | | | | ADDRESS: Nathan_Kathol@ajg.com | | | | | | | |
| Contoninal CC COTT | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | | |
| | | | | | INSURER A: Argonaut Insurance Company | | | | | 19801 | | |
| INSURED | | | | | INSURER B : Safety National Casualty Corporation | | | | | 15105 | | |
| Larimer County, Colorado | | | | | , , | | | | | 13103 | | |
| 200 W. Oak Street Suite 4000 | | | INSURER C: | | | | | | | | | |
| Fort Collins CO 80522 | | | | INSURER D: | | | | | | | | |
| 1 011 0011113 00 00022 | | | | | INSURER E : | | | | | | | |
| | | | | | INSURER F: | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 1066881852 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 | | | | | | | | | | | | |
| CI | ERTIFICATE MAY BE ISSUED OR MAY | PERT | AIN, | THE INSURANCE AFFORDE | D BY | THE POLICIES | S DESCRIBED | | | | | |
| E) INSR | | | CIES. SUBR | | LIMITS SHOWN MAY HAVE BEEN REDL | | | | | | | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | Υ | | 290201904 | | 5/15/2019 | 5/15/2020 | EACH OCCURRENCE DAMAGE TO RENTED | \$ 1,000 | ,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | | | |
| | | | | | | | | MED EXP (Any one person) \$ | | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$2,000,000 | | | |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | |
| | OTHER: | | | | | | | | \$ | | | |
| Α | AUTOMOBILE LIABILITY | | | 290201904 | | 5/15/2019 | 5/15/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$ Included) \$ In | | <u> </u> | |
| | X ANY AUTO | | | | | | | BODILY INJURY (Per person) | | | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | ED SCHEDULED | | | | | | BODILY INJURY (Per accident) | t) \$Above | | | |
| | HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Fer accident) | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | CLAIIVI3-IVIADE | | | | | | | AGGREGATE | \$ | | | |
| В | DED RETENTION \$ WORKERS COMPENSATION | | | SP4060404 | | 5/15/2019 | 5/15/2021 | X PER OTH- | Ų. | | | |
| _ | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | 01 4000404 | | 3/13/2013 | 3/13/2021 | | | | | |
| | OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | | · | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | |
| A | DÉSCRIPTION OF OPERATIONS below Public Officials Wrongful Act | | | 290201904 | | 5/15/2019 | 5/15/2020 | E.L. DISEASE - POLICY LIMIT Each Occurrence | \$1,000 | 0.000 | | |
| ^ | Includs Professsional Liability | | | 290201904 | | 5/15/2019 | 3/13/2020 | Aggregate | | 0,000 | | |
| | | | | | | | | | | | | |
| DES | COURTION OF OREDATIONS // OCATIONS ///FURS | EC /* | COBC | 101 Additional Paragram Calculated | o march | ottoobod if me | onese le resultat | اما | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Training classes for CDPHE Grant | _E3 (A | COKD | 101, Additional Kemarks Schedul | e, may be | attached if more | space is require | uj | | | | |
| | G | | | | | | | | | | | |
| Cer | tificate Holder is an Additional Insured a | s res | nects | General Liability and Auto | I iabilit | v policies pur | suant to and | subject to the policy's terr | ms def | initions | | |
| | ditions and exclusions. | | ροσιο | o contra Liability and hate | | , po, pu | | | , | , | | |
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| | | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | |
| | City of Fort Colline Dick M | anac | aemo | unt | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| City of Fort Collins, Risk Management PO Box 580 | | | | | | | | | | | | |

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Fort Collins CO 80522-0580 USA

AUTHORIZED REPRESENTATIVE