



Financial Services  
Purchasing Division  
215 N. Mason St. 2<sup>nd</sup> Floor  
PO Box 580  
Fort Collins, CO 80522  
970.221.6775  
970.221.6707- fax  
fcgov.com/purchasing

May 12, 2020

Ditesco, LLC  
Attn: Keith Meyer  
2133 S. Timberline Road, Suite 110  
Fort Collins, CO 80525

RE: Contract Renewal, 8745 Engineering Services for Water, Wastewater and Stormwater Facilities Capital Improvements - On-Call

Dear Mr. Meyer:

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 7, 2020 through August 6, 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 Pat Johnson, CPPB, Senior Buyer at (970) 221-6816 if you have any questions regarding this matter.

Sincerely,

DocuSigned by:  
  
A9D0A054C8CB45D...  
Gerry S. Paul  
Director of Purchasing

DocuSigned by:  
  
6E22545FDA8A4C5...  
Signature

5/28/2020  
Date

(Please indicate your desire to renew 8745 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) <b>5/13/2020</b>
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**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).**

<b>PRODUCER</b> AssuredPartners Colorado dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (970) 223-1804</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> Cincinnati Specialty Underwriters Insurance Company</td> <td style="text-align: center;"><b>13037</b></td> </tr> <tr> <td><b>INSURER B:</b> Cincinnati Insurance Company</td> <td style="text-align: center;"><b>10677</b></td> </tr> <tr> <td><b>INSURER C:</b> The Hanover American Insurance Co.</td> <td style="text-align: center;"><b>36064</b></td> </tr> <tr> <td><b>INSURER D:</b> Aspen American Ins. Co.</td> <td style="text-align: center;"><b>43460</b></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b> (970) 223-1804	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Cincinnati Specialty Underwriters Insurance Company	<b>13037</b>	<b>INSURER B:</b> Cincinnati Insurance Company	<b>10677</b>	<b>INSURER C:</b> The Hanover American Insurance Co.	<b>36064</b>	<b>INSURER D:</b> Aspen American Ins. Co.	<b>43460</b>	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b>  Ditesco LLC 2133 S. Timberline Rd Unit 110 Fort Collins, CO 80525																					

**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																
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			<b>CSU0141633</b>	<b>11/3/2019</b>	<b>11/3/2020</b>	<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ <b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ <b>100,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ <b>1,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ <b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ <b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ <b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ <b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>	MED EXP (Any one person)	\$ <b>1,000</b>	PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	GENERAL AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>		\$
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<b>C</b>	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	<b>WZ4H08774300</b>	<b>11/3/2019</b>	<b>11/3/2020</b>	<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td style="text-align: right;"><b>1,000,000</b></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	<b>1,000,000</b>	E.L. EACH ACCIDENT	\$	<b>1,000,000</b>	E.L. DISEASE - EA EMPLOYEE	\$	<b>1,000,000</b>	E.L. DISEASE - POLICY LIMIT	\$	<b>1,000,000</b>				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) If required by written contract, the following endorsements apply on a blanket basis:

**General Liability:**  
 CSGA405 (12/13) - Additional Insured - Owners Lessees or Contractor-Including Primary/Non-Contributory  
 CSGA4087 (12/12) - Waiver of Transfer of Rights of Recovery Against Others to Us

**Automobile Liability:**  
 AA288 (01/16) - Additional Insured by Contract and Waiver of Subrogation  
 SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  City of Fort Collins Purchasing Division Fort Collins, CO 80522	<b>CANCELLATION</b>  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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### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AssuredPartners Colorado dba Front Range Ins Group</b>		NAMED INSURED <b>Ditesco LLC</b> 2133 S. Timberline Rd Unit 110 Fort Collins, CO 80525	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

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

**Description of Operations/Locations/Vehicles:**  
**Workers Compensation:**  
**Waiver of Subrogation**

**8745: Engineering Services for Water, Wastewater and stormwater Facilities CIP**