

WORK ORDER

PURSUANT TO A MASTER AGREEMENT BETWEEN
THE CITY OF FORT COLLINS
AND
LIGHTFIELD ENTERPRISES, INC

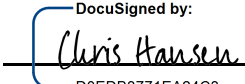
WORK ORDER NUMBER: 2020-04152020
PROJECT TITLE: 901 W Pitkin St. Pipe Repair Project
ORIGINAL BID/RFP NUMBER & NAME: 8844, Miscellaneous Concrete
MASTER AGREEMENT EFFECTIVE DATE: February 1, 2019
ARCHITECT/ENGINEER: NA
OWNER'S REPRESENTATIVE: Douglas Groves
WORK ORDER COMMENCEMENT DATE: April 20, 2020
WORK ORDER COMPLETION DATE: May 8, 2020
MAXIMUM FEE: (time and reimbursable direct costs): \$10,073.75

PROJECT DESCRIPTION/SCOPE OF SERVICES: Replace 6" concrete flatwork and pedestrian ramp that includes traffic control, flagging hours, dump fees, base material, backfill, and topsoil. Actual cost will be invoiced at contract unit pricing. See attached supporting documentation.

Service Provider agrees to perform the services identified above and on the attached forms in accordance with the terms and conditions contained herein and in the Master Agreement between the parties. In the event of a conflict between or ambiguity in the terms of the Master Agreement and this Work Order (including the attached forms) the Master Agreement shall control.

The attached forms consisting of two (2) pages are hereby accepted and incorporated herein, by this reference, and Notice to Proceed is hereby given after all parties have signed this document.

SERVICE PROVIDER: Lightfield Enterprises, Inc.

By:  Date: April 17, 2020
Name: Chris Hansen Title: General Manager

OWNER'S ACCEPTANCE & EXECUTION:

This Work Order and the attached Contract Documents are hereby accepted and incorporated herein by this reference.

ACCEPTANCE: DocuSigned by: Douglas E Groves Date: April 17, 2020
Douglas Groves, Manager, Stormwater Maintenance Operations

REVIEWED: DocuSigned by: Dale Elliot Date: April 17, 2020
Dale Elliot, Senior Buyer

REQUISITION ENTERED BY: DocuSigned by: Melissa Walker Date: April 16, 2020
Melissa Walker, Coordinator, Finance

ACCEPTANCE: DocuSigned by: Andrew S. Gingerich Date: April 22, 2020
Andrew Gingerich, Director, Water Field Operations

ACCEPTANCE: DocuSigned by: Theresa Connor Date: April 23, 2020
Theresa Connor, Deputy Director, Water Engineering & Field Services

ACCEPTANCE: _____ Date: _____
Kevin Gertig, Utilities Executive Director
(if greater than \$1,000,000)

ACCEPTANCE: _____ Date: _____
Gerry Paul, Purchasing Director
(if greater than \$60,000)

ACCEPTANCE: _____ Date: _____
Darin Atteberry, City Manager
(if greater than \$1,000,000)

ATTEST: _____ Date: _____
City Clerk
(if greater than \$1,000,000)

**ATTACHMENT A
WORK ORDER COST AND SCOPE DETAIL**

COST ESTIMATE FOR 901 W. PITKIN ST. PIPE REPAIR PROJECT

Item No.	Description	Unit	2019 Revised Unit Price	UNITS	TOTAL
608.09	Barrier Curb - 6" x 18"	Lineal Foot	\$ 25.00	10.00	\$ 250.00
608.15	Pedestrian Access Ramp	Square Foot	\$ 8.25	36.00	\$ 297.00
608.17	Truncated Dome Panel	Square Foot	\$ 41.00	12.00	\$ 492.00
608.22	Flatwork - 6"	Square Foot	\$ 5.85	1200.00	\$ 7,020.00
ADDITIONAL SERVICES					
	SUB TOTAL COST				\$ 8,059.00
	25% CONTINGENCY for Traffic Control Devices, Flagging Hours, Dump Fees, Temp Patching, Base Material, Backfill, Top Soil. Actual costs will be invoiced at contractual unit prices.			25%	\$ 2,014.75
	ESTIMATED TOTAL COST				\$ 10,073.75

**ATTACHMENT B
WORK ORDER SCHEDULE DETAIL**

Schedule for Concrete Repairs for the 901 W. Pitkin St. Pipe Repair Project			
	4/20/2020	4/27/2020	5/8/2020
Project Notice to Proceed			
Project Construction			
Project Final Completion/Acceptance			

**ATTACHMENT C
CERTIFICATE OF INSURANCE**



CONTRACTOR shall submit Certificate of Insurance in compliance with the Contract Documents.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2019

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 The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279	CONTACT NAME: PHONE (A/C. No. Ext): 402-861-7000 FAX (A/C. No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : National Union Fire Ins Co. of Pitt</td> <td>19445</td> </tr> <tr> <td>INSURER B : New Hampshire Ins Company</td> <td>23841</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co. of Pitt	19445	INSURER B : New Hampshire Ins Company	23841	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** 188554515 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		3506965	6/1/2019	6/1/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 25,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 25,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	25893880	6/1/2019	6/1/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<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		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Miscellaneous Concrete Contract (Bid# 8844). Certificate holder is additional insured for General Liability and Autotmobile Liability if required by written contract executed prior to loss.

CERTIFICATE HOLDER

CANCELLATION

City of Fort Collins Purchasing Division 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
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