

**WORK ORDER**

PURSUANT TO A MASTER AGREEMENT BETWEEN  
THE CITY OF FORT COLLINS  
AND  
**AYRES ASSOCIATES**

**WORK ORDER NUMBER:** SC @ Edora-AYRES-404  
**PROJECT TITLE:** Spring Creek Rehab at Edora Park  
**ORIGINAL BID/RFP NUMBER & NAME:** 8073 Engineering Services For Future Water, Wastewater and Stormwater Facilities Capital Improvements  
**MASTER AGREEMENT EFFECTIVE DATE:** 5/15/2015  
**ARCHITECT/ENGINEER:** Ayres Associates  
**OWNER'S REPRESENTATIVE:** Jason Stutzman  
**WORK ORDER COMMENCEMENT DATE:** June 1, 2020  
**WORK ORDER COMPLETION DATE:** December 31, 2022  
**MAXIMUM FEE:** (time and reimbursable direct costs): \$ 29,256.00

**PROJECT DESCRIPTION/SCOPE OF SERVICES:** 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 Three (3) 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: Ayres Associates**

By:  Date: May 18, 2020  
Name: John Hunt Title: Manager-River Engineering

**OWNER'S ACCEPTANCE & EXECUTION:**

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

ACCEPTANCE: DocuSigned by:  
Jason Stutzman Date: May 18, 2020  
Jason Stutzman, Project Manager

REVIEWED: DocuSigned by:  
Pat Johnson Date: May 15, 2020  
Pat Johnson, Senior Buyer

REQUISITION ENTERED BY: DocuSigned by:  
Melissa Walker Date: May 14, 2020  
Melissa Walker, Coordinator, Finance

ACCEPTANCE: DocuSigned by:  
Matt Fater Date: May 18, 2020  
Matt Fater, Director of Engineering

ACCEPTANCE: DocuSigned by:  
Andrew Gingerich Date: May 18, 2020  
Andrew Gingerich, Interim Deputy Director, Water Engineering & Field Services

ACCEPTANCE: \_\_\_\_\_ Date: \_\_\_\_\_  
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 SCOPE OF SERVICES**

**EXCEPTION TO COMPETITIVE PURCHASING PROCESS "SOLE SOURCE" JUSTIFICATION**PROJECT NAME: Spring Creek SREP at EdoraPURCHASE AMOUNT: \$29,256APPROPRIATED BUDGET AMOUNT: \$1,801,000SCOPE OF SERVICES/MATERIALS TO BE PURCHASED: Performance of Improvements and 404 Permit RequirementsSUPPLIER: Ayres Associates**EXCEPTION TO THE COMPETITIVE PROCESS RATIONALE PER CITY CODE (check all that apply):**

*A contract for materials, professional services or services may be awarded without competition if the Purchasing Agent determines in writing that one (1) or more of the following conditions exists:*

- There exists only one (1) responsible source;*
- Although there exists more than one (1) responsible source, a competitive process cannot reasonably be used or, if used, will result in a substantially higher cost to the City, will otherwise injure the City's financial interests or will substantially impede the City's administrative functions or the delivery of services to the public;*
- A particular material or service is required to maintain interchangeability or compatibility as a part of an existing integrated system;*
- A particular material, professional service or service is required in order to standardize or maintain standardization for the purpose of reducing financial investment or simplifying administration;*
- The material is perishable;*
- The material qualifies as an object of fine art;*
- A particular material is required to match materials in use, so as to produce visual harmony;*
- A particular material is required to enable use by a specific individual;*
- A particular material is prescribed by a professional advisor;*
- The material, professional service or service is the subject of a change order.*

**BACKGROUND/JUSTIFICATION (Attach Supporting Documentation):**

- Attach quote (Required)*

Provide brief justification narrative supporting the reason(s) for the exception(s) to the competitive process selected above.

Ayres Associates was responsible for the project design, floodplain and 404 permitting applications. Construction was completed in the summer of 2019 and has now moved into the final phase for closeout. The final project phase requires detailed observation and reporting for the performance of the improvements installed and for 404 Permitting compliance and closeout. Due to the unpredictable nature of native vegetation growth and density establishment, this process could take 2 or more years to complete. The proposed scope of work extends as far as the 2022 seasonal review, but will only utilize the amount work necessary for establishment acceptance. The Ayres contract for this work expires in May 2020 and thus will require this approval to complete.

**COST/PRICE ANALYSIS (Attach Supporting Documentation):**

Normally competition supports establishment of price reasonableness. When adequate price competition does not exist, the reasonableness of the offered price is determined with a Price or Cost Analysis. **Complete Price OR Cost Analysis.**

**Price Analysis** – Comparison of quoted price with known indicators of reasonableness without analyzing cost elements  
**(Check all that apply)**

- Consistent with Independent Cost Estimate (ICE);
- Compare to prices obtained through market research for same or similar items;
- For services, hourly rates consistent with rates offered in the market for similar level professionals;
- Unique or innovative process/service/product;
- Consistent with published price lists;
- Reviewed analysis of pricing information provided by supplier;
- Quoted price consistent with previous prices paid (historical);
- Other: \_\_\_\_\_

**Cost Analysis** – Element-by-element analysis of estimated cost based on supplier’s cost or pricing data. Please attach Cost Analysis.

SUBMITTED BY: DocuSigned by: Jason Stutzman PRINTED: Jason Stutzman  
26931AB2AAC4440  
 DEPARTMENT: City of Fort Collins - water utilities DATE: 5/5/2020

**APPROVED BY:**

5/5/2020 DocuSigned by: Matt Fater PRINTED: Matt Fater  
 DEPARTMENT MANAGER/SUPERVISOR (Required)

\_\_\_\_\_  
 REQUESTING DEPARTMENT HEAD (over \$60,000) PRINTED: \_\_\_\_\_

5/12/2020 DocuSigned by: Pat Johnson PRINTED: Pat Johnson  
 BUYER 55D7D9B99DE9493...

5/12/2020 DocuSigned by: Gerry Paul PRINTED: Gerry Paul  
 PURCHASING DIRECTOR 19D0A054C8CB45D...

RESOLUTION BY CITY COUNCIL (over \$200,000)  
 Resolution # \_\_\_\_\_ Date Passed: \_\_\_\_\_

Resolution document attached

April 28, 2020

## **SPRING CREEK MONITORING**

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**PROJECT OBJECTIVE:** Monitor Spring Creek stream rehabilitation project at Edora Park for project performance and 404 permit requirements over a three year period.

### **TASKS**

The following Scope of Services outlines the tasks required for this project.

#### **1. Task 1 – Project Administration**

- 1.1. **Client coordination and administration** – This task covers general project management, contracting, invoicing, and client coordination.
- 1.2. **Site visits** – Ayres staff will visit the project site approximately 4 times a year including 1-2 normal trips and after significant flows in the channel. The purpose of the site visits will be to assess progress of vegetation, stability of project features, and design performance during higher than normal flows.

#### **2. Task 2 – 404 Permit Monitoring**

- 2.1. **2020 site assessment and report** – See subconsultant scope
- 2.2. **2021 site assessment and report** – See subconsultant scope
- 2.3. **2022 site assessment and report** – See subconsultant scope

### **SUMMARY OF PROJECT DELIVERABLES**

- Memos summarizing any project maintenance needs
- 404 assessment reports (3)

**ATTACHMENT B  
WORK ORDER COST DETAIL**



### Spring Creek Monitoring - Fee

Task #	Task Name	Total Fee	Direct Costs	Sub-Consultant	Total Labor Costs	Total Hours	Senior Project Manager	Professional II	Admin
1	<b>Project Plan</b>	<b>Fee</b>				<b>Hours</b>			
2	Project Manager	Dusty Robinson							
3	Client	City of Fort Collins							
4	Client Contact	Jason Stutzman							
5	Rates						\$175.00	\$115.00	\$75.00
6	<b>Spring Creek Monitoring</b>	<b>\$29,256</b>	<b>\$60</b>	<b>\$18,186</b>	<b>\$11,010</b>	<b>78</b>	<b>42</b>	<b>24</b>	<b>12</b>
7	<b>Task 1 Project Administration</b>	<b>\$11,070</b>	<b>\$60</b>	<b>\$0</b>	<b>\$11,010</b>	<b>78</b>	<b>42</b>	<b>24</b>	<b>12</b>
8	1.1 Client coordination and project administration	\$4,050			\$4,050	30	18		12
9	1.2 Site visits	\$7,020	\$60		\$6,960	48	24	24	
18	<b>Task 2 404 Permit Monitoring</b>	<b>\$18,186</b>	<b>\$0</b>	<b>\$18,186</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
19	2.1 2020 site assessment and report	\$6,062		\$6,062	\$0	0			
20	2.2 2021 site assessment and report	\$6,062		\$6,062	\$0	0			
21	2.3 2022 site assessment and report	\$6,062		\$6,062	\$0	0			





**Spring Creek Wetland Mitigation Monitoring  
Scope of Work for 2020 through 2022  
April 27, 2020**

This is the scope of work for AlpineEco to assist the City of Fort Collins (City) and Ayres Associates with monitoring the Spring Creek at Edora Park compensatory wetland mitigation site in Fort Collins, Colorado. The work involves assessing the site in 2020, 2021, and 2022 for compliance with the Section 404 of the Clean Water Act Permit performance standards. Future years of monitoring may be required but are not included.

The specific work includes a field visit in September of each year to collect the necessary data and the subsequent preparation of a *Performance Monitoring Report*. The report will be prepared in accordance with *US Army Corps of Engineers Regulatory Guidance Letter (RGL) 08-03*. The work conducted during the site visit will include:

- Collecting vegetation cover and diversity data along the established transects.
- Taking photographs from the established permanent photo point locations.
- Recording a complete list of plant species observed.
- Recording any information regarding the general ecology, vegetation, hydrology, and earthwork/soil that is relevant to achieving the desired outcome.

**Deliverables**

- *2020 Draft and Final Performance Monitoring Report*
- *2021 Draft and Final Performance Monitoring Report*
- *2022 Draft and Final Performance Monitoring Report*

**Schedule**

The work will begin immediately upon authorization. Fieldwork is planned for September of each year, with the draft report submitted by December 1.

**Cost**

The estimated cost for the above scope of work (three years) is \$18,186 (see spreadsheet).



<b>Spring Creek</b>							
<b>Wetland Mitigation Monitoring</b>							
<b>Cost Estimate</b>		<b>Monitoring Fieldwork</b>		<b>Monitoring Reporting</b>		<b>SUMMARY</b>	
<b>Direct Labor Costs</b>	<b>RATE</b>	<b>HOURS</b>	<b>COST</b>	<b>HOURS</b>	<b>COST</b>	<b>HOURS</b>	<b>COST</b>
<b>2020</b>							
Senior Ecologist	\$150.00	10	\$1,500.00	10	\$1,500.00	20	\$3,000.00
Ecologist	\$75.00	10	\$750.00	20	\$1,500.00	30	\$2,250.00
GIS Mapping	\$125.00	0	\$0.00	5	\$625.00	5	\$625.00
		20	\$2,250.00	35	\$3,625.00	<b>55</b>	<b>\$5,875.00</b>
<b>2021</b>							
Senior Ecologist	\$150.00	10	\$1,500.00	10	\$1,500.00	20	\$3,000.00
Ecologist	\$75.00	10	\$750.00	20	\$1,500.00	30	\$2,250.00
GIS Mapping	\$125.00	0	\$0.00	5	\$625.00	5	\$625.00
		20	\$2,250.00	35	\$3,625.00	<b>55</b>	<b>\$5,875.00</b>
<b>2022</b>							
Senior Ecologist	\$150.00	10	\$1,500.00	10	\$1,500.00	20	\$3,000.00
Ecologist	\$75.00	10	\$750.00	20	\$1,500.00	30	\$2,250.00
GIS Mapping	\$125.00	0	\$0.00	5	\$625.00	5	\$625.00
		20	\$2,250.00	35	\$3,625.00	<b>55</b>	<b>\$5,875.00</b>
<b>Total Direct Labor Cost</b>						<b>165</b>	<b>\$17,625.00</b>
<b>Other Direct Costs (all years)</b>	<b>RATE</b>	<b>NUMBER</b>	<b>COST</b>	<b>NUMBER</b>	<b>COST</b>		<b>COST</b>
Airfare (per roundtrip ticket)	\$400.00	0	\$0.00	0	\$0.00		\$0.00
Car Rental (per day)	\$75.00	0	\$0.00	0	\$0.00		\$0.00
Hotel (per night)	\$125.00	0	\$0.00	0	\$0.00		\$0.00
Food (per day)	\$50.00	0	\$0.00	0	\$0.00		\$0.00
Miscellaneous (supplies, incidentals, etc.)	\$100.00	3	\$300.00	0	\$0.00		\$300.00
Mileage	\$0.58	450	\$261.00	0	\$0.00		\$261.00
<b>Total Other Direct Costs</b>			<b>\$561.00</b>		<b>\$0.00</b>		<b>\$561.00</b>
<b>TOTAL COSTS</b>							<b>\$18,186.00</b>

**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)

1/30/2020

**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).**

<b>PRODUCER</b> Johnson Insurance Madison 525 Junction Road Madison, WI 53717	<b>CONTACT NAME:</b> Mary Jo Nowak, AU, CIC, ARM, RPLU <b>PHONE (A/C, No, Ext):</b> (608) 203-3893 <b>FAX (A/C, No):</b> (877) 254-8586 <b>E-MAIL ADDRESS:</b> mnowak@johnsonfinancialgroup.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : RLI Insurance Company</b>		<b>13056</b>
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**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>COMMERCIAL GENERAL LIABILITY</b> <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	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)      Y / N      N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE      OTH-ER	
A	Professional Liab			RDP0036638	6/30/2019	6/30/2020	Each Claim	5,000,000
A	Professional Liab			RDP0036638	6/30/2019	6/30/2020	Aggregate	10,000,000

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

<b>CERTIFICATE HOLDER</b>  City of Fort Collins 700 Wood Street Fort Collins, CO 80521	<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  



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2019

**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).**

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 245 South Executive Drive, Suite 200 Brookfield WI 53005	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Sharon Bannach</td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b> 262-792-2214</td> <td><b>FAX (A/C. No.):</b> 262-792-1712</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Sharon_Bannach@ajg.com</td> </tr> </table>	<b>CONTACT NAME:</b> Sharon Bannach		<b>PHONE (A/C. No. Ext):</b> 262-792-2214	<b>FAX (A/C. No.):</b> 262-792-1712	<b>E-MAIL ADDRESS:</b> Sharon_Bannach@ajg.com									
<b>CONTACT NAME:</b> Sharon Bannach															
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<b>E-MAIL ADDRESS:</b> Sharon_Bannach@ajg.com															
<b>INSURED</b> AYRES ASSOCIATES INC 3433 Oakwood Hills Parkway Eau Claire WI 54701-7698	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Travelers Property Casualty Co of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td><b>INSURER B :</b> The Travelers Indemnity Company of CT</td> <td style="text-align: center;">25682</td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Travelers Property Casualty Co of America	25674	<b>INSURER B :</b> The Travelers Indemnity Company of CT	25682	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES** **CERTIFICATE NUMBER:** 1057901372 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		6302183P260	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BA2L352245	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP9J784097	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 Products/Compl Ops \$ 8,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB9H943775	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)**  
 As respects 5-year open end contract agreement, City of Fort Collins, Colorado is included as an Additional Insured under the General Liability and Auto Policies.

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Fort Collins PO Box 580 Fort Collins CO 80522-0580	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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