



Administrative Services  
Purchasing Division

JAN 29 2004

January 20, 2004

CTL/Thompson, Inc.  
375 E. Horsetooth Rd.  
Bldg. 3, Suite 100  
Ft. Collins, CO 80525

**RECEIVED**

JAN 22 2004

Approved By \_\_\_\_\_  
Job # \_\_\_\_\_  
Fort Collins

Re: RFP P-878 Geotechnical Testing Service

The City of Fort Collins has elected to renew P-878 Geotechnical Testing Service for the City of Fort Collins with your firm. The terms and conditions of this renewal will be the same as stated in the original bid documents.

If the renewal is acceptable to your firm, please sign this letter in the space provided and return along with a current copy of your insurance to the City of Fort Collins, Purchasing Division, before January 31, 2004. **If delivered**, please deliver to 215 North Mason Street, 2<sup>nd</sup> Floor, Fort Collins, CO 80524. **If mailed**, the mailing address is P.O. Box 580, Fort Collins, Colorado 80522-0580.

If this renewal is not acceptable with your firm, please send us a written notice stating that you do not wish to renew the bid. If you have any questions regarding this renewal, please contact John Stephen, CPPO, Senior Buyer, at 970-221-6777.

Sincerely,

James B. O'Neill II, CPPO, FNIGP  
Director of Purchasing and Risk Management

  
\_\_\_\_\_  
Signature

1/22/04  
\_\_\_\_\_  
Date

(Please indicate your desire to renew P-878 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before January 31, 2004.)

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>01/26/04</b>
PRODUCER <b>Van Gilder Insurance Corp.</b> 700 Broadway, Suite 1000 Denver, CO 80203 303 837-8500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>CTL/Thompson, Inc.</b> 1971 West 12th Avenue Denver, CO 80204	INSURERS AFFORDING COVERAGE	
	INSURER A: <b>Hartford Insurance Group</b> INSURER B: <b>Pinnacol Assurance</b> INSURER C: <b>Lexington Insurance Company (AIG)</b> INSURER D: INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>34UUNEX2070</b>	<b>10/01/03</b>	<b>10/01/04</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) <b>\$300,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) <b>\$10,000</b>
	<input checked="" type="checkbox"/> PD Ded:1,000				PERSONAL & ADV INJURY <b>\$1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE <b>\$2,000,000</b>
					PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>34UENEX2190</b>	<b>10/01/03</b>	<b>10/01/04</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS	OTHER THAN AUTO ONLY: EA ACC \$				
	<input checked="" type="checkbox"/> Drive Other Car				AUTO ONLY: AGG \$
	<b>GARAGE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				
<b>A</b>	<b>EXCESS LIABILITY</b>	<b>34XHUEX1980</b>	<b>10/01/03</b>	<b>10/01/04</b>	EACH OCCURRENCE <b>\$2,000,000</b>
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE <b>\$2,000,000</b>
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION <b>\$10000</b>				\$
					\$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>618052</b>	<b>10/01/03</b>	<b>10/01/04</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT <b>\$500,000</b>				
	E.L. DISEASE - EA EMPLOYEE <b>\$500,000</b>				
	E.L. DISEASE - POLICY LIMIT <b>\$500,000</b>				
<b>C</b>	<b>OTHER Architects &amp; Engineers Professional Liab</b>	<b>5397819</b>	<b>11/22/03</b>	<b>11/22/04</b>	<b>\$2,000,000 per claim</b> <b>\$4,000,000 annl aggr.</b>

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

City of Ft. Collins, Purchasing Division is listed as an Additional Insured, under General Liability only, in respects to their interest in work performed by the insured as per written specified contracts.

<b>CERTIFICATE HOLDER</b>  City of Ft. Collins Purchasing Division P.O. Box 580 Fort Collins, CO 80522	<b>ADDITIONAL INSURED; INSURER LETTER:</b> _____  <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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