

Aon Risk Services, Inc. of Southern California  
707 Wilshire Blvd., Suite 6000  
Los Angeles, CA 90017

USA

City of Fort Collins

James B. O'Neill  
215 N. Mason Street, 2nd Floor  
P.O. Box 580  
Fort Collins, CO 80522-0508

USA

CERTIFICATE OF INSURANCE

If the enclosed is no longer required, please return the original document to:

Aon Client Services  
707 Wilshire Blvd.  
Los Angeles, CA 90047

If you have questions regarding the content of this certificate, please contact  
Aon Client Services at the following:

Tel: 866-283-7123;  
Fax: 877-528-1656  
Email: [acs\\_los\\_angeles@ars.aon.com](mailto:acs_los_angeles@ars.aon.com)

cc:

The data included in this notice and in the attached document is confidential  
and the party responsible for bringing you this information.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
12/30/04

**PRODUCER** LIC #0363334 1-213-630-3200  
Aon Risk Services, Inc. of Southern California  
707 Wilshire Blvd., Suite 6000  
Los Angeles, CA 90017  
FAX 877-528-1656

**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.**

### INSURERS AFFORDING COVERAGE

**INSURED**  
Adecco Technical  
4025 Automation Way, Suite F1  
Fort Collins, CO 80525

INSURER A: National Union Fire Ins. Co.  
INSURER B: Illinois National Insurance Co.  
INSURER C: Insurance Company of the State of PA  
INSURER D: Quanta Indemnity Company  
INSURER E: Columbia Casualty Company

### 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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6051437	01/01/05	01/01/06	EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 2,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2046233	01/01/05	01/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	2860892	01/01/05	01/01/06	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$ \$
B C C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> See attached addendum	5899367 (IL, MN, NY, TX) 5899364 (CA) 5899363 (MI)	01/01/05 01/01/05 01/01/05	01/01/06 01/01/06 01/01/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D E	<b>OTHER FIDELITY BOND (CRIME) Professional Liability (E &amp; O)</b>	CCR 4000118 05 167112912-06	01/01/05 01/01/05	01/01/06 01/01/06	LIMIT \$ 1,000,000 EACH WRONGFUL ACT \$ 1,000,000 General Aggregate \$ 1,000,000

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

### CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

City of Fort Collins  
James B. O'Neill  
215 N. Mason Street, 2nd Floor  
P.O. Box 580  
Fort Collins, CO 80522-0508

USA

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

Aon Risk Services, Inc. of Southern CA

ACORD 25-S (7/97) jmaonsf

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
12/30/04

NAME OF INSURED: Adecco Technical

Additional Description of Operations/Remarks from Page 1:

Additional Information:

**Workers Compensation and Employers Liability:**

Carrier : American Home Assurance Company

Policy Number: 5899366 (ND,OH, WA, WI, WV, WY - Stop Gap)

Policy Term: 01/01/2005 to 01/01/2006

**WC Statutory Limits:**

E.L. Each Accident: \$2,000,000

E.L. Disease-Policy Limit: \$2,000,000

E.L. Disease-Each Employee: \$2,000,000

**Workers Compensation and Employers Liability:**

Carrier (AOS ): American Home Assurance Company

Policy Number: 5899368 (AOS)

Policy Term: 01/01/2005 to 01/01/2006

**WC Statutory Limits :**

E.L. Each Accident: \$2,000,000

E.L. Disease-Policy Limit: \$2,000,000

E.L. Disease-Each Employee: \$2,000,000

**Workers Compensation and Employers Liability:**

Policy Number: 589365 (FL)

Policy Term: 01/01/2005 to 01/01/2006

WC Statutory Limits : E.L. Each Accident: \$2,000,000

E.L. Disease-Policy Limit: \$2,000,000

E.L. Disease-Each Employee: \$2,000,000

SUPP (05/04)

Aon Risk Services, Inc. of Southern California  
707 Wilshire Blvd., Suite 6000  
Los Angeles, CA 90017

USA

City of Fort Collins

James O'Neil II - CPPO, FNIGP  
215 North Mason Street, 2nd Floor

Fort Collins, CO 80522

USA

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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
12/30/04

PRODUCER LIC #0363334  
Aon Risk Services, Inc. of Southern California  
707 Wilshire Blvd., Suite 6000  
Los Angeles, CA 90017  
FAX 877-528-1656  
INSURED  
Adecco USA, Inc.  
175 Broadhollow Rd.  
Melville, NY 11747

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## INSURERS AFFORDING COVERAGE

INSURER A: National Union Fire Ins. Co.  
INSURER B: Illinois National Insurance Co.  
INSURER C: Insurance Company of the State of PA  
INSURER D: Quanta Indemnity Company  
INSURER E: Columbia Casualty Company

## 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 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	
A	GENERAL LIABILITY	6051437	01/01/05	01/01/06	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 100,000
					PERSONAL & ADV INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 4,000,000
					PRODUCTS - COMP/OP AGG	\$ 4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	
A	AUTOMOBILE LIABILITY	2046233	01/01/05	01/01/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS LIABILITY	2860892	01/01/05	01/01/06	EACH OCCURRENCE	\$ 5000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5000000
<input type="checkbox"/>	DEDUCTIBLE					\$
<input type="checkbox"/>	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	5899367 (IL, MN, NY, TX)	01/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
C		5899364 (CA)	01/01/05	01/01/06	E.L. EACH ACCIDENT	\$ 2,000,
C	See attached addendum	5899363 (MI)	01/01/05	01/01/06	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,
					E.L. DISEASE - POLICY LIMIT	\$ 2,000
D	OTHER FIDELITY BOND (CRIME)	CCR 4000118 05	01/01/05	01/01/06	LIMIT	\$ 1,0
E	Professional Liability (E & O)	167112912-06	01/01/05	01/01/06	EACH WRONGFUL ACT	\$ 1,0
					General Aggregate	\$ 1,0

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

## CERTIFICATE HOLDER

City of Fort Collins  
James O'Neil II - CPPO, FNIGP  
215 North Mason Street, 2nd Floor  
Fort Collins, CO 80522

## ADDITIONAL INSURED; INSURER LETTER:

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

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Adecco USA, Inc.  
175 Broadhollow Rd.  
Melville, NY 11747

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<input checked="" type="checkbox"/> NON-OWNED AUTOS						
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Aon Risk Services, Inc. of Southern CA

ACORD 25-S (7/97) jmaonsf

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
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NAME OF INSURED: Adecco USA, Inc.

Additional Description of Operations/Remarks from Page 1:

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E.L. Disease-Policy Limit: \$2,000,000

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Carrier (AOS ): American Home Assurance Company

Policy Number: 5899368 (AOS)

Policy Term: 01/01/2005 to 01/01/2006

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SUPP (05/04)