

Administrative Services
Purchasing Division

FEB 01 2005

REC'D JAN 27 2005

January 26, 2005

Sinnett Builders Inc.
P.O. Box 1969
Ft. Collins, CO 80522

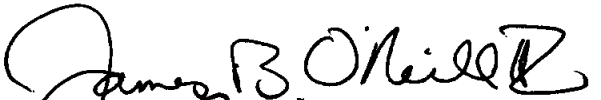
Re: P-872 PFA General Contractor for Fire Station Expansion

The City of Fort Collins has elected to renew P-872 PFA General Contractor for Fire Station Expansion 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 February 10, 2005. **If delivered**, please deliver to 215 North Mason Street, 2nd Floor, Fort Collins, CO 80524. **If mailed**, the mailing address is P.O. Box 580, Fort Collins, Colorado 80522-0580.

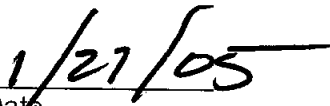
If this renewal is not acceptable with your firm, please send us a written notice stating that you do not wish to renew the bid. If you have any questions regarding this renewal, please contact John Stephen, CPPO, Senior Buyer, at 970-221-6777.

Sincerely,


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

Signature

Date



(Please indicate your desire to renew P-872 by signing this letter and returning it with a current copy of insurance forms to Purchasing Division on or before February 10, 2005.)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/27/05

PRODUCER
Flood & Peterson Insurance Inc
4821 Wheaton Drive
P O Box 270370
Fort Collins, CO 80527

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
Sinnett Builders, Inc.
P.O. Box 1969
Fort Collins, CO 80522


INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	St. Paul Travelers Insurance Company	
INSURER B:	American International Companies	
INSURER C:	Pinnacol Assurance	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR \$2,500 PD Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	DTCO283N6279IND04	06/30/04	06/30/05	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY <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	DT810283N6279TIL04	06/30/04	06/30/05	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	BE2681534	06/30/04	06/30/05	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
							\$
							\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	4045474	07/01/04	07/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: P-872 PFA Fire Station Expansion
 Certificate holder is named as additional insured, but only as respects liability arising out of work performed by the named insured (Excluding Workers' Compensation). A waiver of subrogation applies.

CERTIFICATE HOLDER	CANCELLATION
City of Fort Collins Purchasing Department PO Box 580 Fort Collins, CO 80522-0580	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 

This unofficial copy was downloaded on Aug-13-2020 from the City of Fort Collins Public Records Website: <http://citydocs.fcgov.com>
 For additional information or an official copy, please contact Purchasing Department P.O. Box 580 Fort Collins, CO 80522-0580 USA

SINNETT BUILDERS, INC.
P.O. Box 1969
4557 Denrose Court
Fort Collins, CO 80522
(970) 493-1770
Fax (970) 482-4537

LETTER OF TRANSMITTAL

DATE	1/29/05	JOB No:
ATTENTION: James B. O'Neill II		
RE: P-872 PFA General Contractor for Fire Station Expansion		

TO: Administrative Services
Purchasing Division
City of Ft. Collins
P. O. Box 580
Ft. Collins, CO. 80522

WE ARE SENDING YOU Attached Under separate cover via Hand Carry the following items:
 Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order **As Below**

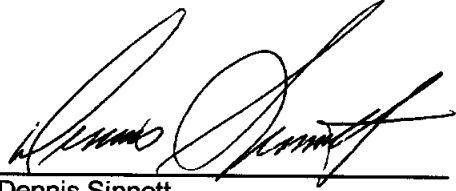
Copies	Date	NO.	Description
1	1/26/05		Signed renewal P-872
1	1/27/05		Insurance certificate

THESE ARE TRANSMITTED as checked below:

<input type="checkbox"/> For Approval	<input type="checkbox"/> Approved as submitted	<input type="checkbox"/> Resubmit	<input type="checkbox"/> Copies for approval
<input type="checkbox"/> For your use	<input type="checkbox"/> Approved as noted	<input type="checkbox"/> Submit	<input type="checkbox"/> Copies for distribution
<input checked="" type="checkbox"/> As requested	<input type="checkbox"/> Returned for corrections	<input type="checkbox"/> Return	<input type="checkbox"/> Corrected prints
<input type="checkbox"/> For review and Comment	<input type="checkbox"/> _____		
<input type="checkbox"/> For Bids Due _____	<input type="checkbox"/> Prints Returned After Loan To Us		

REMARKS

COPY TO: John Sinnett / File

SIGNED: 
Dennis Sinnett
Sinnett Builders, Inc.

If enclosures are not as noted please notify us at once.

