

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/01/05
PRODUCER Arthur J. Gallagher & Co. Two Pierce Place Itasca, IL 60143 Michele Moore 630-285-3931 INSURED Sturgeon Electric Company, Inc. 12150 E. 112th Avenue Henderson, CO 80640	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.	
	1-630-773-3800	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Athena Assur Co (A XV)	41769
	INSURER B: Zurich American Ins Co (A XV)	16535
	INSURER C:	
	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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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	GL0837415410	09/30/04	09/30/05	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP/AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PD Comp Ded \$100,000 <input checked="" type="checkbox"/> PD Coll Ded \$100,000	BAP837415508 (A/O/S) TAP837415608 (TX)	09/30/04 09/30/04	09/30/05 09/30/05	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	QK06800832	09/30/04	09/30/05	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> INCL <input type="checkbox"/> EXCL If yes, describe under SPECIAL PROV/SIGNS below	WC837415208 (A/O/S) WC837415108 (CA) WC837415308 (WI/OR)	09/30/04 09/30/04 09/30/04	09/30/05 09/30/05 09/30/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Description of Job: SECO Job No. 821536 - Replace 8" & 12" LED's from Traffic Signal heads at various locations determined by the City of Fort Collins Traffic Operations Department
 City of Fort Collins, Colorado is shown as an additional insured solely with respect to general liability and automobile liability coverage as evidenced herein as required by written contract with respect to work performed by the named insured.

CERTIFICATE HOLDER 1556 City of Fort Collins, Colorado Attn: John Stephen P.O. Box 580 Fort Collins, CO 80522 USA	CANCELLATION 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 <i>Bill Burt</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD CERTIFICATE OF PROPERTY INSURANCE		DATE (MM/DD/YY) 03/01/05										
PRODUCER Arthur J. Gallagher & Co. Two Pierce Place Itasca, IL 60143 Michele Moore 630-285-3931	1-630-773-3800	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 Sturgeon Electric Company, Inc. 12150 E. 112th Avenue Henderson, CO 80640	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">COMPANIES AFFORDING COVERAGE</th> </tr> <tr> <td style="width: 10%;">COMPANY</td> <td style="width: 90%;">A Ace Prop & Cas Ins Co (A XV)</td> </tr> <tr> <td>COMPANY</td> <td>B</td> </tr> <tr> <td>COMPANY</td> <td>C</td> </tr> <tr> <td>COMPANY</td> <td>D</td> </tr> </table>		COMPANIES AFFORDING COVERAGE		COMPANY	A Ace Prop & Cas Ins Co (A XV)	COMPANY	B	COMPANY	C	COMPANY	D
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COVERAGES 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.												
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS						
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP \$ \$ \$							
A	<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY Property Floater CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> OTHER All Risk	D35938485	09/30/04	09/30/05	<input checked="" type="checkbox"/> See Below <input checked="" type="checkbox"/> Deductible	\$ 2,500,000 \$ 100,000 \$ \$ \$						
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$ \$ \$						
	<input type="checkbox"/> BOILER & MACHINERY					\$ \$						
	<input type="checkbox"/> OTHER					\$ \$ \$						
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY												
SPECIAL CONDITIONS/OTHER COVERAGES Covered Property - Materials of Others in the Care, Custody and Control of the Named Insured Description of Job: SECO Job No. 821536 - Replace 8" & 12" LED's from Traffic Signal heads at various locations determined by the City of Fort Collins Traffic Operations Department												
CERTIFICATE HOLDER 1556 City of Fort Collins, Colorado Attn: John Stephen P.O. Box 580 Fort Collins, CO 80522				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.								
ACORD 24 (1/95) michele1 2517363				AUTHORIZED REPRESENTATIVE <i>[Signature]</i> © ACORD CORPORATION 1995								