

## Purchasing Division

## NOTICE OF AWARD EXTENSION-4450-18-SH

January 3, 2018

Jacob Garelik Publication Printers Corporation 2001 S. Platte River Drive Denver, CO 80223

## SOLICITATION DESCRIPTION:

FIRST of Three ANNUAL EXTENSIONS FOR RFP-4306-16-SH OFFICIAL VISITOR GUIDE

Dear Mr. Garelik,

You are hereby notified that your firm's contract has been extended to provide Official Visitor Guide **Printing and Distributing** for the City of Grand Junction for **2018**. This extension continues to include the necessary work as required for the types of tasks and functions related to the contract.

Please provide your updated proof of insurance as stated in Section 3 of the original solicitation within 30 days after receiving this notice. The document(s) can be emailed to Susan Hyatt at <u>susanh@gicity.org</u>, or you can mail it to the Purchasing Office, 250 North 5<sup>th</sup> Street, Grand Junction, CO 81501, attention Susan Hyatt. The City is to be noted as certificate holder. The insurance information must be on file **no later than January 30, 2018**.

The contract has been established using the Scope of Service in the formal solicitation.

If you have any questions or need to discuss this extension, please call me at 244-1513.

Sincerely,

Susan J. Hyatt, C.P.M, CPPB City of Grand Junction Purchasing Division

SUPPLIER ACKNOWLEDGEMENT									
Receipt of this Extension is hereby acknowledged:									
Contractor:	Publication Printers Corp.								
5	Treeb Goodile								
By:	-vacto Oupeett								
Title:	Sales KepR.								
Data	1/3/18								
Date:	<u> </u>								



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

MHOFF

PUBLPRI-01

C	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT	IVEL	Y OR	R NEGATIVELY AMEND,	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HOI BY TH	E 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).												
th	DUCER License # 0757776	o the	certi	ficate holder in lieu of su								
HUB International Insurance Services (COL)						CONTACT NAME:   Jennifer Wilke     PHONE (A/C, No, Ext):   (720) 207-2367   FAX (A/C, No):   (866) 243-0727						
1125 17th Street, Suite 900 Denver, CO 80202					PHONE (A/C, No, Ext):   FAX (X/C, No):   FAX (A/C, No):     E-MAIL ADDRESS:   jennifer.wilke@hubinternational.com							
					ADDRESS: JOHN OF THE STATE OF T					NAIC #		
INSURED						INSURER B : Allmerica Financial Benefit Insurance Company						
	Publication Printers Corpora	ation			INSURER C : Hanover Insurance Company				22292			
	2001 S Platte River Dr				INSURE	RD: Pinnac	ol Assurance	ce Company		41190		
	Denver, CO 80223-3852				INSURE	RE:						
					INSURE	RF:						
<u></u>	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES	ENT, TERM OR CONDITION THE INSURANCE AFFORM	n of a Ded by	NY CONTRA THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	ECT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			ZZ4978766305		01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$	2,000,000		
в	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000		
				A14/4070750005		04/04/0049	04/04/0040	(Ea accident)	\$	1,000,000		
	OWNED SCHEDULED			AW4978752005		01/01/2018	01/01/2019	BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
								(Per accident)	\$			
С	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ \$	10,000,000		
	EXCESS LIAB CLAIMS-MADE			UH4978789406		01/01/2018	01/01/2019	AGGREGATE	ŝ	10,000,000		
	DED X RETENTION \$ 0							NoonLonne	\$			
D	WORKERS COMPENSATION							X PER OTH- STATUTE ER	•			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE				4064971		01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC First of Three Annual Extensions for Ri	LES (/	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
RE:	First of Three Annual Extensions for RI	P-43	06-16	S-SH - Official Visitor Guide	9							
CEI	RTIFICATE HOLDER				CANC							
City of Grand Junction Purchasing Office 250 North 5th Street					SHOLLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Grand Junction, CO 81501											
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