#### PURCHASE OF SERVICE AGREEMENT 2014.088

THIS AGREEMENT ("Agreement") is made this 24 day of 2014, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and Trautman & Shreve, located at 4406 Race Street, Denver, Colorado 80216, hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

The County and the Contractor, for the consideration herein set forth, agree as follows:

#### 1. SERVICES OF THE CONTRACTOR:

- 1.1. All work shall be in accordance with the attached RFP 2014.088 and the Contractor's response to the RFP 2014.088 attached hereto as Exhibit A, and incorporated herein by reference. Should there be any discrepancy between Exhibit A and this Agreement the terms and conditions of this Agreement shall prevail.
- 1.2. Emergency Services: In the event the Adams County Board of County Commissioners declares an emergency, the County may request additional services (of the type described in this Agreement or otherwise within the expertise of the Contractor) to be performed by the Contractor. If the County requests such additional services, the Contractor shall provide such services in a timely fashion given the nature of the emergency, pursuant to the terms of this Agreement. Unless otherwise agreed to in writing by the parties, the Contractor shall bill for such services at the rates provided for in this Agreement.
- **2. RESPONSIBILITIES OF THE COUNTY:** The County shall provide information as necessary or requested by the Contractor to enable the Contractor's performance under this Agreement.

#### 3. <u>TERM:</u>

- 3.1. <u>Term of Agreement:</u> The Term of this Agreement shall be for one-year from the date of this Agreement.
- 3.2. Extension Option: The County, at its sole option, may offer to extend this Agreement as necessary for up to two, one year extensions providing satisfactory service is given and all terms and conditions of this Agreement have been fulfilled. Such extensions must be mutually agreed upon in writing by the County and the Contractor, and approved by the Adams County Board of County Commissioners.
- **4. PAYMENT AND FEE SCHEDULE:** The County shall pay the Contractor for services furnished under this Agreement, and the Contractor shall accept as full payment for those services, the not to exceed sum of \$201,637.00.
  - 4.1. Payment pursuant to this Agreement, whether in full or in part, is subject to and contingent upon the continuing availability of County funds for the purposes hereof. In

the event that funds become unavailable, as determined by the County, the County may immediately terminate this Agreement or amend it accordingly.

5. INDEPENDENT CONTRACTOR: In providing services under this Agreement, the Contractor acts as an independent contractor and not as an employee of the County. The Contractor shall be solely and entirely responsible for his/her acts and the acts of his/her employees, agents, servants, and subcontractors during the term and performance of this Agreement. No employee, agent, servant, or subcontractor of the Contractor shall be deemed to be an employee, agent, or servant of the County because of the performance of any services or work under this Agreement. The Contractor, at its expense, shall procure and maintain workers' compensation insurance as required by law. Pursuant to the Workers' Compensation Act § 8-40-202(2)(b)(IV), C.R.S., as amended, the Contractor understands that it and its employees and servants are not entitled to workers' compensation benefits from the County. The Contractor further understands that it is solely obligated for the payment of federal and state income tax on any moneys earned pursuant to this Agreement.

#### 6. **NONDISCRIMINATION:**

- 6.1. The Contractor shall not discriminate against any employee or qualified applicant for employment because of age, race, color, religion, marital status, disability, sex, or national origin. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices provided by the local public agency setting forth the provisions of this nondiscrimination clause. Adams County is an equal opportunity employer.
  - 6.1.1. The Contractor will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.
- 7. **INDEMNIFICATION:** The Contractor agrees to indemnify and hold harmless the County, its officers, agents, and employees for, from, and against any and all claims, suits, expenses, damages, or other liabilities, including reasonable attorney fees and court costs, arising out of damage or injury to persons, entities, or property, caused or sustained by any person(s) as a result of the Contractor's performance or failure to perform pursuant to the terms of this Agreement or as a result of any subcontractors' performance or failure to perform pursuant to the terms of this Agreement.
- **8. INSURANCE:** The Contractor agrees to maintain insurance of the following types and amounts:
  - 8.1. <u>Commercial General Liability Insurance</u>: to include products liability, completed operations, contractual, broad form property damage and personal injury.

8.1.1. Each Occurrence:

\$1,000,000

8.1.2. General Aggregate:

\$2,000,000

8.2. <u>Comprehensive Automobile Liability Insurance:</u> to include all motor vehicles owned, hired, leased, or borrowed.

8.2.1. Bodily Injury/Property Damage: \$1,000,000 (each accident)8.2.2. Personal Injury Protection: Per Colorado Statutes

8.3. Workers' Compensation Insurance: Per Colorado Statutes

8.4. <u>Professional Liability Insurance</u>: to include coverage for damages or claims for damages arising out of the rendering, or failure to render, any professional services, as applicable.

8.4.1. Each Occurrence: \$1,000,000

8.4.2. This insurance requirement applies only to the Contractors who are performing services under this Agreement as professionals licensed under the laws of the State of Colorado, such as physicians, lawyers, engineers, nurses, mental health providers, and any other licensed professionals.

- 8.5. Adams County as "Additional Insured": The Contractor's commercial general liability, comprehensive automobile liability, and professional liability insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured" and shall include the following provisions:
  - 8.5.1. Underwriters shall have no right of recovery or subrogation against the County, it being the intent of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses resulting from the actions or negligence of the Contractor.
  - 8.5.2. The insurance companies issuing the policy or policies shall have no recourse against the County for payment of any premiums due or for any assessments under any form of any policy.
  - 8.5.3. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.
- 8.6. <u>Licensed Insurers</u>: All insurers of the Contractor must be licensed or approved to do business in the State of Colorado. Upon failure of the Contractor to furnish, deliver and/or maintain such insurance as provided herein, this Agreement, at the election of the County, may be immediately declared suspended, discontinued, or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.
- 8.7. Endorsement: Each insurance policy herein required shall be endorsed to state that coverage shall not be suspended, voided, or canceled without thirty (30) days prior written notice by certified mail, return receipt requested, to the County.
- 8.8. Proof of Insurance: At any time during the term of this Agreement, the County may require the Contractor to provide proof of the insurance coverage or policies required under this Agreement.

#### 9. TERMINATION:

9.1. <u>For Cause:</u> If, through any cause, the Contractor fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, conditions, or stipulations of this Agreement, the County shall thereupon

- have the right to immediately terminate this Agreement, upon giving written notice to the Contractor of such termination and specifying the effective date thereof.
- 9.2. For Convenience: The County may terminate this Agreement at any time by giving written notice as specified herein to the other party, which notice shall be given at least thirty (30) days prior to the effective date of the termination. If this Agreement is terminated by the County, the Contractor will be paid an amount that bears the same ratio to the total compensation as the services actually performed bear to the total services the Contractor was to perform under this Agreement, less payments previously made to the Contractor under this Agreement.

#### 10. MUTUAL UNDERSTANDINGS:

- 10.1. <u>Jurisdiction and Venue</u>: The laws of the State of Colorado shall govern as to the interpretation, validity, and effect of this Agreement. The parties agree that jurisdiction and venue for any disputes arising under this Agreement shall be with Adams County, Colorado.
- 10.2. Compliance with Laws: During the performance of this Agreement, the Contractor agrees to strictly adhere to all applicable federal, state, and local laws, rules and regulations, including all licensing and permit requirements. The parties hereto aver that they are familiar with § 18-8-301, et seq., C.R.S. (Bribery and Corrupt Influences), as amended, and § 18-8-401, et seq., C.R.S. (Abuse of Public Office), as amended, and that no violation of such provisions are present. The Contractor warrants that it is in compliance with the residency requirements in §§ 8-17.5-101, et seq., C.R.S. Without limiting the generality of the foregoing, the Contractor expressly agrees to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 10.3. OSHA: The Contractor shall comply with the requirements of the Occupational Safety and Health Act (OSHA) and shall review and comply with the County's safety regulations while on any County property. Failure to comply with any applicable federal, state or local law, rule, or regulation shall give the County the right to terminate this agreement for cause.
- 10.4. <u>Record Retention:</u> The Contractor shall maintain records and documentation of the services provided under this Agreement, including fiscal records, and shall retain the records for a period of three (3) years from the date this Agreement is terminated. Said records and documents shall be subject at all reasonable times to inspection, review, or audit by authorized Federal, State, or County personnel.
- 10.5. <u>Assign Ability:</u> Neither this Agreement, nor any rights hereunder, in whole or in part, shall be assignable or otherwise transferable by the Contractor without the prior written consent of the County.
- 10.6. <u>Waiver:</u> Waiver of strict performance or the breach of any provision of this Agreement shall not be deemed a waiver, nor shall it prejudice the waiving party's right to require strict performance of the same provision, or any other provision in the future, unless such waiver has rendered future performance commercially impossible.

- 10.7. <u>Force Majeure:</u> Neither party shall be liable for any delay or failure to perform its obligations hereunder to the extent that such delay or failure is caused by a force or event beyond the control of such party including, without limitation, war, embargoes, strikes, governmental restrictions, riots, fires, floods, earthquakes, or other acts of God.
- 10.8. Notice: Any notices given under this Agreement are deemed to have been received and to be effective: 1) Three (3) days after the same shall have been mailed by certified mail, return receipt requested; 2) Immediately upon hand delivery; or 3) Immediately upon receipt of confirmation that an E-mail was received. For the purposes of this Agreement, any and all notices shall be addressed to the contacts listed below:

Department: Adams County Facility Operations Contact: Mike Goins, Facility Operations Director Address: 4430 South Adams County Parkway City, State, Zip: Brighton, Colorado, 80601

Phone: 720.523.6303

E-mail: mgoins@adcogov.org

Department: Adams County Purchasing

Contact: Bethany Bonasera, Purchasing Agent II Address: 4430 South Adams County Parkway City, State, Zip: Brighton, Colorado 80601

Phone: 720.523.6056

E-mail: bbonasera@adcogov.org

Department: Adams County Attorney's Office Address: 4430 South Adams County Parkway City, State, Zip: Brighton, Colorado 80601

Phone: 720.523.6116

Contractor: Trautman & Shreve

Contact: Jim Barnes, Senior Project Manager

Address: 4406 Race Street

City, State, Zip: 4406 Race Street

Phone: 303.295.1414

E-mail: jbarnes@trautman-shreve.com

- 10.9. <u>Integration of Understanding:</u> This Agreement contains the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by the parties hereto.
- 10.10. <u>Severability:</u> If any provision of this Agreement is determined to be unenforceable or invalid for any reason, the remainder of this Agreement shall remain in effect, unless otherwise terminated in accordance with the terms contained herein.
- 10.11. <u>Authorization:</u> Each party represents and warrants that it has the power and ability to enter into this Agreement, to grant the rights granted herein, and to perform the duties and obligations herein described.

#### 11. CHANGE ORDERS OR EXTENSIONS:

- 11.1. <u>Change Orders:</u> The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision in the Invitation to Bid, or, if no provision exists, pursuant to the terms of the Change Order.
- 11.2. <u>Extensions:</u> The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.
- 12. <u>COMPLIANCE WITH C.R.S. § 8-17.5-101</u>, <u>ET. SEQ. AS AMENDED 5/13/08</u>: Pursuant to Colorado Revised Statute (C.R.S.), § 8-17.5-101, *et. seq.*, as amended May 13, 2008, the Contractor shall meet the following requirements prior to signing this Agreement (public contract for service) and for the duration thereof:
  - 12.1. The Contractor shall certify participation in the E-Verify Program (the electronic employment verification program that is authorized in 8 U.S.C. § 1324a and jointly administered by the United States Department of Homeland Security and the Social Security Administration, or its successor program) or the Department Program (the employment verification program established by the Colorado Department of Labor and Employment pursuant to C.R.S. § 8-17.5-102(5)) on the attached certification.
  - 12.2. The Contractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
  - 12.3. The Contractor shall not enter into a contract with a subcontractor that fails to certify to the Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
  - 12.4. At the time of signing this public contract for services, the Contractor has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this public contract for services through participation in either the E-Verify Program or the Department Program.
  - 12.5. The Contractor shall not use either the E-Verify Program or the Department Program procedures to undertake pre-employment screening of job applicants while this public contract for services is being performed.
  - 12.6. If the Contractor obtains actual knowledge that a subcontractor performing work under this public contract for services knowingly employs or contracts with an illegal alien, the Contractor shall: notify the subcontractor and the County within three (3) days that the Contractor has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and terminate the subcontract with the subcontractor if within three days of receiving the notice required pursuant to the previous paragraph, the subcontractor does not stop employing or contracting with the illegal alien; except that the Contractor shall not terminate the contract with the subcontractor if during such

- three (3) days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.
- 12.7. Contractor shall comply with any reasonable requests by the Department of Labor and Employment (the Department) made in the course of an investigation that the Department is undertaking pursuant to the authority established in C.R.S. § 8-17.5-102(5).
- 12.8. If Contractor violates this Section, of this Agreement, the County may terminate this Agreement for breach of contract. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the County.

The remainder of this page is left blank intentionally.

IN WITNESS WHEREOF, the Parties have caused their names to be affixed hereto:

| <b>Board of County Commissioners</b>                 |
|------------------------------------------------------|
| Chairman Date                                        |
| Trautman & Shreve                                    |
| Signature Date                                       |
| Printed Name  SR. ROTECT MANAGER  Title              |
| Attest:                                              |
| Karen Long, Clerk and Recorder  Deputy Clerk         |
| Approved as to Form:  Adams County Attorney's Office |
| NOTARIZATION OF CONTRACTOR'S SIGNATURE:              |
| COUNTY OF Device                                     |
| STATE OF Colorado )SS.                               |
| Signed and sworn to before me this 17th day of       |
| by fin on,                                           |
| Susan & Stack . SUSAN E. STACK                       |
| Notary Public SUSAN E. STACK NOTARY PUBLIC           |

My commission expires on: 9-27-14

8

SUSAN E. STACK NOTARY PUBLIC STATE OF COLORADO

#### CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

#### **CONTRACTOR:**

| RAUTMAN & SHREUE Company Name | 6-17-2014 |
|-------------------------------|-----------|
| Company Name                  | Date      |
| Signature                     |           |
| Name (Print or Type)          |           |
| SR. PROTECT MANAGER           |           |

Note: Registration for the E-Verify Program can be completed at: <a href="https://www.vis-dhs.com/employerregistration">https://www.vis-dhs.com/employerregistration</a>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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 be endorsed. If SUBROGATION IS WAIVED, subject to

|                                                                                        | he terms and conditions of the policy<br>ertificate holder in lieu of such endo                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                | ndorse         | ment. A stat                 | tement on th                            | is certificate does not c                    | onfer                                   | rights to the                           |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|-----------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------------|
| PRO                                                                                    | DUCER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                  |                                                                                                                                                                | CONTA<br>NAME: | CT                           |                                         |                                              | *************                           | ·                                       |
| MARSH USA, INC. 501 MERRITT 7                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | PHONE (A/C, No, Ext): (A/C, No): |                                                                                                                                                                |                |                              |                                         |                                              |                                         |                                         |
| NORWALK, CT 06856                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  | (AC, NO, EXI): (AC, NO): E-MAIL ADDRESS:                                                                                                                       |                |                              |                                         |                                              |                                         |                                         |
| Attn: Emcor.Certrequest@marsh.com / Fax: 203-229-6787                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              |                                         | NAIC #                                  |
| 888                                                                                    | 715-EMC-TRA-13-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                  |                                                                                                                                                                | INSURE         | RA: Continenta               | l Casualty Compa                        | any                                          |                                         | 20443                                   |
| -                                                                                      | JRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              |                                         | 20427                                   |
|                                                                                        | TRAUTMAN & SHREVE, INC.<br>4406 RACE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                  |                                                                                                                                                                | INSURE         | RC: Transporta               | tion Insurance Co                       | )                                            | ~                                       | 20494                                   |
|                                                                                        | DENVER, CO 80216                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                  |                                                                                                                                                                | INSURE         |                              | *************************************** |                                              |                                         |                                         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                | INSURE         |                              |                                         |                                              |                                         |                                         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                | INSURE         |                              |                                         |                                              |                                         |                                         |
| CC                                                                                     | VERAGES CEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RTIFI | CATE                             | E NUMBER:                                                                                                                                                      | *************  | -006880514-01                |                                         | REVISION NUMBER: 1                           |                                         | *************************************** |
| II C                                                                                   | 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. |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              |                                         |                                         |
| INSF                                                                                   | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDI  | SUBR                             | POLICY NUMBER                                                                                                                                                  |                | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)              | LIMIT                                        | S                                       |                                         |
| A                                                                                      | GENERAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                  | GL 4025755083                                                                                                                                                  |                | 10/01/2013                   | 10/01/2014                              | EACH OCCURRENCE                              | \$                                      | 2,000,000                               |
|                                                                                        | X COMMERCIAL GENERAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                  |                                                                                                                                                                |                |                              |                                         | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$                                      | 1,000,000                               |
|                                                                                        | CLAIMS-MADE X OCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                  |                                                                                                                                                                |                |                              |                                         | MED EXP (Any one person)                     | \$                                      | 25,000                                  |
|                                                                                        | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                  |                                                                                                                                                                |                |                              |                                         | PERSONAL & ADV INJURY                        | s                                       | 2,000,000                               |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                |                              |                                         | GENERAL AGGREGATE                            | \$                                      | 6,000,000                               |
|                                                                                        | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                  |                                                                                                                                                                |                |                              | •                                       | PRODUCTS - COMPIOP AGG                       | s                                       | 14,000,000                              |
|                                                                                        | POLICY X PRO-<br>JECT LOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              | \$                                      |                                         |
| Α                                                                                      | AUTOMOBILE LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                  | BUA 4025755133                                                                                                                                                 |                | 10/01/2013                   | 10/01/2014                              | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$                                      | 2,000,000                               |
|                                                                                        | X ANY AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                  |                                                                                                                                                                |                |                              |                                         | BODILY INJURY (Per person)                   | \$                                      |                                         |
|                                                                                        | ALL OWNED SCHEDULED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | -                                |                                                                                                                                                                |                |                              |                                         | BODILY INJURY (Per accident)                 | \$                                      |                                         |
|                                                                                        | X HIRED AUTOS X NON-OWNED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                |                              |                                         | PROPERTY DAMAGE<br>(Per accident)            | \$                                      |                                         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                |                              |                                         | Auto Physical Damage                         | \$                                      | included                                |
|                                                                                        | UMBRELLA LIAB OCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                  |                                                                                                                                                                |                |                              |                                         | EACH OCCURRENCE                              | \$                                      |                                         |
|                                                                                        | EXCESS LIAB CLAIMS-MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                  |                                                                                                                                                                |                |                              |                                         | AGGREGATE                                    | \$                                      |                                         |
|                                                                                        | DED RETENTION \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              | \$                                      |                                         |
| В                                                                                      | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                  | WC 4025755021 (AOS)                                                                                                                                            |                | 10/01/2013                   | 10/01/2014                              | X WC STATU- OTH-<br>TORY LIMITS ER           |                                         |                                         |
| 8                                                                                      | ANY PROPRIETOR/PARTNER/EXECUTIVE N                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A   |                                  | WC 4025755035 (CA)                                                                                                                                             |                | 10/01/2013                   | 10/01/2014                              | E.L. EACH ACCIDENT                           | \$                                      | 1,000,000                               |
| C                                                                                      | (Mandatory in NH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                  | WC 4025755018 (AZ, WI OR)                                                                                                                                      |                | 10/01/2013                   | 10/01/2014                              | E.L. DISEASE - EA EMPLOYEE                   | \$                                      | 1,000,000                               |
|                                                                                        | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                  |                                                                                                                                                                |                |                              |                                         | E.L. DISEASE - POLICY LIMIT                  | \$                                      | 1,000,000                               |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              |                                         |                                         |
| RE: ADI<br>COV<br>WAI                                                                  | DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: ADAMS COUNTY DETENTION CENTER ADDITIONAL INSURED UNDER ALL POLICIES (EXCEPT WORKERS COMPENSATION & EMPLOYERS LIABILITY) WHERE REQUIRED BY CONTRACT: ADAMS COUNTY COVERAGE PROVIDED TO THE ADDITIONAL INSUREDS IS PRIMARY & NON-CONTRIBUTORY. WAIVER OF SUBROGATION AS REQUIRED BY CONTRACT. CONTRACTUAL LIABILITY COVERAGE IS INCLUDED.                               |       |                                  |                                                                                                                                                                |                |                              |                                         |                                              |                                         |                                         |
| CE                                                                                     | RTIFICATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                  |                                                                                                                                                                | CANO           | ELLATION                     |                                         |                                              | *************************************** |                                         |
| ADAMS COUNTY ATTN: BETHANY BONASERA 4430 SOUTH ADAMS COUNTY PARKWAY BRIGHTON, CO 80601 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                |                              |                                         |                                              |                                         |                                         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                |                | RIZED REPRESE<br>ih USA Inc. |                                         |                                              |                                         |                                         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                  |                                                                                                                                                                | Heidi E        | Bauermeister                 |                                         | HEURI E BALLANA                              | nelon                                   | 101                                     |

AGENCY CUSTOMER ID: 888715

LOC #: Norwalk



| ACORD ADDITION                                                                                                                                        | ONAL REMA                    | ARKS SCHEDULE Page 2 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY MARSH USA, INC.                                                                                                                                |                              | NAMED INSURED TRAUTMAN & SHREVE, INC. 4406 RACE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| POLICY NUMBER                                                                                                                                         |                              | DENVER, CO 80216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CARRIER                                                                                                                                               | NAIC CODE                    | EFFECTIVE DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ADDITIONAL REMARKS                                                                                                                                    |                              | a contract of the contract of |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE                                                                                                            | TO ACORD FORM,               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM NUMBER: 25 FORM TITLE: Certifica                                                                                                                 |                              | ance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Auto Physical Damage Comp / Coll Deductible \$500                                                                                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                       |                              | verage Part (other than the reduction of aggregate limits through payment of claims as applicable), Insurer agrees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| to mail prior written notice of cancellation or material change to: Certificate E                                                                     | łolder                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Schedule 1. Number of days advance notice: For any statutorily permitted reason other                                                                 | er than non-payment of premi | um, the number of days required for notice of cancellation as provided in paragraph 2 of either the Cancellation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Common Policy Conditions or as amended by the applicable state cancellat<br>For non-payment of premium, The greater of (1) the number of days require |                              | to the lesser of 60 days or the number of days required in a written contract,<br>per of days required by written contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Notice will be mailed to: Certificate holder                                                                                                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Notice will be mailed to. Certificate holder                                                                                                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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 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).

|             | ie terms and conditions of the policy,<br>ertificate holder in lieu of such endors   |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | naorse                                  | ment. A stai                | ement on th                             | is certificate does not co                     | nter i                                  | ights to the |
|-------------|--------------------------------------------------------------------------------------|--------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|------------------------------------------------|-----------------------------------------|--------------|
|             | DUCER                                                                                |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONTAI<br>NAME:                         |                             |                                         |                                                |                                         |              |
|             | MARSH USA, INC.<br>501 MERRITT 7                                                     |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE FAX (A/C, No, Ext); (A/C, No):    |                             |                                         |                                                |                                         |              |
|             | NORWALK, CT 06856<br>Attn: Emcor.Certrequest@marsh.com / Fax: 2                      | 12 220 | 6707                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-MAIL<br>ADDRE                         |                             |                                         |                                                | ··                                      |              |
|             | Atti. Ellion oetilaquest@maistr.com / Lax. 2                                         | JU-220 | -0/0/                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | INS                         | URER(S) AFFOR                           | IDING COVERAGE                                 |                                         | NAIC#        |
|             | 715-EMC-TRA-13-14                                                                    |        |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | RA: Continenta              | Casualty Compa                          | any                                            |                                         | 20443        |
| INSL        | TRAUTMAN & SHREVE, INC.                                                              |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSURE                                  |                             |                                         | y Of Reading, Pa                               |                                         | 20427        |
|             | 4406 RACE STREET                                                                     |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSURE                                  | R c : Transporta            | tion insurance Co                       | )                                              |                                         | 20494        |
|             | DENVER, CO 80216                                                                     |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSURE                                  |                             |                                         |                                                |                                         |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSURE                                  |                             |                                         |                                                |                                         |              |
| <u></u>     | VERAGES CER                                                                          | TIEI   | ~ A TE                                  | NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURE                                  | RF:<br>-006880514-01        |                                         | REVISION NUMBER: 1                             |                                         |              |
|             | HIS IS TO CERTIFY THAT THE POLICIES                                                  |        | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                | E POI                                   | ICY PERIOD   |
| IN          | IDICATED. NOTWITHSTANDING ANY RE                                                     | QUIF   | REME                                    | NT, TERM OR CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF AN'                                  | CONTRACT                    | OR OTHER !                              | DOCUMENT WITH RESPEC                           | T TO                                    | WHICH THIS   |
| C<br>E      | ERTIFICATE MAY BE ISSUED OR MAY I<br>XCLUSIONS AND CONDITIONS OF SUCH                | PERT   | 'AIN,<br>CIES.                          | THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ED BY<br>BEEN F                         | THE POLICIE<br>REDUCED BY   | S DESCRIBEI<br>PAID CLAIMS              | D HEREIN IS SUBJECT TO                         | ALL                                     | THE TERMS,   |
| INSR<br>LTR | TYPE OF INSURANCE                                                                    | ADDL   | SUBR                                    | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                             | POLICY EXP<br>(MM/DD/YYYY)              | LIMITS                                         |                                         |              |
| A           | GENERAL LIABILITY                                                                    | JOSES. | YYYD.                                   | GL 4025755083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *************************************** | 10/01/2013                  | 10/01/2014                              |                                                | \$                                      | 2,000,000    |
|             | X COMMERCIAL GENERAL LIABILITY                                                       |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | DAMAGE TO RENTED                               | \$                                      | 1,000,000    |
|             | CLAIMS-MADE X OCCUR                                                                  |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                | S                                       | 25,000       |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | PERSONAL & ADV INJURY                          | \$                                      | 2,000,000    |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | GENERAL AGGREGATE                              | \$                                      | 6,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                                                   |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | PRODUCTS - COMP/OP AGG                         | \$                                      | 14,000,000   |
|             | POLICY X PRO- LOC                                                                    |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             | *************************************** |                                                | \$                                      |              |
| Α           | AUTOMOBILE LIABILITY                                                                 |        |                                         | BUA 4025755133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | 10/01/2013                  | 10/01/2014                              | COMBINED SINGLE LIMIT<br>(Ea accident)         | \$                                      | 2,000,000    |
|             | X ANY AUTO                                                                           |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                | \$                                      | ×            |
|             | ALL OWNED SCHEDULED AUTOS                                                            |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | DDOOCDTV DAMAGE                                | \$                                      |              |
|             | X HIRED AUTOS X NON-OWNED AUTOS                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | (Per accident)                                 | \$                                      |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | Auto Physical Damage                           | \$                                      | Included     |
|             | UMBRELLA LIAB OCCUR                                                                  |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                | \$                                      |              |
|             | EXCESS LIAB CLAIMS-MADE                                                              |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                | \$                                      |              |
| В           | DED   RETENTION \$   WORKERS COMPENSATION                                            |        |                                         | WC 4025755021 (AOS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 10/01/2013                  | 10/01/2014                              | X WC STATU- OTH-<br>TORY LIMITS ER             | \$                                      |              |
| 8           | AND EMPLOYERS' LIABILITY VIN                                                         |        |                                         | WC 4025755035 (CA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | 10/01/2013                  | 10/01/2014                              | 1                                              |                                         | 1,000,000    |
| C           | ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)        | N/A    |                                         | WC 4025755018 (AZ, WI OR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | 10/01/2013                  | 10/01/2014                              | E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE | \$                                      | 1,000,000    |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                            |        |                                         | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                             |                                         |                                                | s<br>S                                  | 1,000,000    |
|             | DESCRIPTION OF OPERATIONS BEIOW                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         | C.C. DIOCHOL TODIOT CHAIT                      | <u> </u>                                |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                |                                         |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                |                                         | i            |
| DESC        | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC                                           | .ES (A | ttach                                   | ACORD 101, Additional Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Schedule                                | , if more space is          | required)                               |                                                |                                         |              |
|             | DAMS COUNTY DETENTION CENTER                                                         | - 1410 | uvezo                                   | ACHERINATION & FAIRLOVERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | VI 146 IEDE DEO!            | ווסבט טע טטעניי                         | DAGE, ADALIO GOLBIEV                           |                                         |              |
|             | TIONAL INSURED UNDER ALL POLICIES (EXCEP<br>ERAGE PROVIDED TO THE ADDITIONAL INSUREI |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIABILI I                               | Y) WHERE REQU               | JIREU BY CONTI                          | RACT: ADAMS COUNTY                             |                                         |              |
|             | ER OF SUBROGATION AS REQUIRED BY CONTR                                               |        |                                         | The state of the s |                                         |                             |                                         |                                                |                                         |              |
| CON         | TRACTUAL LIABILITY COVERAGE IS INCLUDED.                                             |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                |                                         |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                         |                                                |                                         |              |
|             |                                                                                      |        |                                         | Manager 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *************************************** |                             |                                         |                                                | *************************************** |              |
| CEF         | RTIFICATE HOLDER                                                                     |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CANO                                    | ELLATION                    |                                         |                                                |                                         |              |
|             | ADAMS COUNTY                                                                         |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SHO                                     | III D ANV OF                | THE ABOVE D                             | ESCRIBED POLICIES BE CA                        | NCEL                                    | ED BEEODE    |
|             | ATTN: BETHANY BONASERA                                                               |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE                                     | EXPIRATION                  | I DATE TH                               | EREOF, NOTICE WILL B                           |                                         |              |
|             | 4430 SOUTH ADAMS COUNTY PARKWAY<br>BRIGHTON, CO 80601                                |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCORDANCE WITH THE POLICY PROVISIONS.  |                             |                                         |                                                |                                         |              |
|             | Shieron, oo door                                                                     |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | RIZED REPRESE<br>h USA Inc. | NTATIVE                                 |                                                |                                         |              |
|             |                                                                                      |        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Heidi £                                 | sauermeister                |                                         | Acidi E Baueso                                 | aleir                                   | ei           |

AGENCY CUSTOMER ID: 888715

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  | LOC #: Norwalk                                                                                                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| ACORD <sup>®</sup> ADI                                                                                                                                                                                                                                                                                                                                                                                                                                          | DITIONAL REMA                                                                                    | ARKS SCHEDULE                                                                                                                        | Page 2 of 2                                      |
| AGENCY MARSH USA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | NAMED INSURED TRAUTMAN & SHREVE, INC. 4406 RACE STREET                                                                               | Maria                                            |
| POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  | DENVER, CO 80216                                                                                                                     |                                                  |
| CARRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAIC CODE                                                                                        |                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  | EFFECTIVE DATE:                                                                                                                      |                                                  |
| ADDITIONAL REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                                                                      |                                                  |
| THIS ADDITIONAL REMARKS FORM IS A SCHE                                                                                                                                                                                                                                                                                                                                                                                                                          | EDULE TO ACORD FORM,                                                                             |                                                                                                                                      |                                                  |
| FORM NUMBER: 25 FORM TITLE: C                                                                                                                                                                                                                                                                                                                                                                                                                                   | ertificate of Liability Insura                                                                   | ince                                                                                                                                 |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                      |                                                  |
| Auto Physical Damage Comp / Coll Deductible \$500  In the event of cancellation or material change that reduces or res to mail prior written notice of cancellation or material change to: C Schedule  1. Number of days advance notice: For any statutorily permitted re Common Policy Conditions or as amended by the applicable state For non-payment of premium, The greater of (1) the number of da 2. Name:  Notice will be mailed to: Certificate holder | ertificate Holder eason other than non-payment of premiu e cancellation endorsement is increased | m, the number of days required for notice of cancellation as proto to the lesser of 60 days or the number of days required in a writ | ovided in paragraph 2 of either the Cancellation |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                      |                                                  |

DR 0160 (02/16/11) COLORADO DEPARTMENT OF REVENUE DENVER CO 60261-0013

# THIS LICENSE IS NOT TRANSFERABLE

### CERTIFICATE OF EXEMPTION FOR STATE SALES/USE TAX ONLY

| USE ACCOUNT NUMBER for all references | LIABILITY INFORMATION ISSUE | 3 DATE  |
|---------------------------------------|-----------------------------|---------|
| 09803569                              | G 010181 Jan 0              | 14 2013 |

4430 S Adams City Pkwy, Ste C4000A, Brighton, CO 80601-8212

COUNTY OF ADAMS ATTN: RENEE PETERSON 4430 S ADAMS COUNTY PKWY STE C4000A BRIGHTON CO 80601-8212

> Executive Director Department of Revenue



## **GENERAL INFORMATION**



The following services are available at www.Colorado.gov/RevenueOnline under Business.

#### Sales:

- Verify a Sales Tax License
- · View Local Sales Tax Rates
- View Business Location Rates
- Find Local Taxes by Address
- · View Sales Tax Rate Charts



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