

OFFICE OF THE CITY ATTORNEY

STANDARD

MAY 30 2019

Contract Routing Cover Sheet

TO: _____

Please print and attach to your document

You can view the status of your contract using the [Contract Tracking Status Page](#).

Routing Number	20190529-5504		
Originating Dept	Information Technology		
Contact Person	John Riley <i>JR</i>	Phone Number	(970) 281-5043
Project Manager / Contract Administrator	Francis Duffy	E-mail	duffy@bouldercolorado.gov
Counter Parties	Sturgeon Electric		
Contract Title / Type	BRAN Fiber Emergency Restoration Service Agreement		
Number			
Description	The city is the lead party in the BRAN (Boulder Research and Administrative Network) and as such manages fiber and conduit service and repair agreements. This amendment seeks to renew the fiber optic cable emergency restoration agreement with Sturgeon Electric through May 23, 2020 ✓		
Special Instructions			
Amount	0	Expense Type	OUTGOING

• Dept. Head Signature _____

NOTE; Originating Department: Identify with a check mark all areas document needs to be routed.

- Purchasing _____
- Budget _____
- Sales Tax _____
- CAO *SK* _____
- City Manager ✓ *AML* _____
- Central Records _____ *CAV*

Sturgeon on oncall Vendor

2019 JUN -7 AM 11:29

[Contract Tracking Home](#) | [Signature Routing Form](#) | [Track Contract Status](#) | [Update Contract Status](#)

**SECOND AMENDMENT TO BRAN EMERGENCY RESTORATION SERVICES
AGREEMENT DATED MAY 22, 2017**

This Second Amendment to BRAN Emergency Restoration Services Agreement (this "Second Amendment") is made as of the 6 day of June only, 2019, by and between the City of Boulder, Colorado, a Colorado home rule city ("City"), and Sturgeon Electric Company, Inc., a Michigan corporation ("Contractor"). The City and Contractor may hereinafter be referred to individually as a "Party" or collectively as the "Parties."

A. The City and Contractor entered into a BRAN Emergency Restoration Services Agreement on May 22, 2017 (the "Agreement"), by which the City engaged Contractor to provide emergency fiber optic restoration services for the BRAN network.

B. The Parties amended the Agreement for the first time in June 2018 to extend the term of the Agreement through June 15, 2019.

C. The Parties wish to amend the Agreement a second time to further extend the term of the Agreement and to clarify the promises and obligations of the Parties.

NOW THEREFORE, in consideration of the promises and obligations set forth below, the Parties agree to amend the Agreement as follows:

1. By this Second Amendment, the Parties agree to extend the term of the Agreement through June 15, 2020. A certificate of insurance shall be provided to the City evidencing coverage for the extended term of the Contract.

2. Except as amended herein, the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have set their hands to this Second Amendment on the day and year above first written.

[SIGNATURE PAGE FOLLOWS]

CONTRACTOR

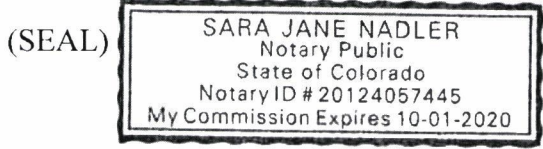
By: Francis Marcotte
Title: District Manager

STATE OF COLORADO)
) ss.
COUNTY OF BOULDER)

Acknowledged before me, a notary public, this 23rd day of MAY 2019 by FRANCIS MARCOTTE, as DISTRICT MANAGER.

Witness my hand and official seal.
My commission expires: 10.01.2020

Sara Jane Nadler
Notary Public



CITY OF BOULDER
Tanya NB
Deputy City Manager

ATTEST:
[Signature]
City Clerk

APPROVED AS TO FORM:
[Signature]
City Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/14/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
2850 Golf Road
Rolling Meadows IL 60008

CONTACT NAME: Shannon Lentz
PHONE (A/C, No, Ext): 630-285-4418 **FAX (A/C, No):** 630-285-3922
E-MAIL ADDRESS: shannon_lentz@ajg.com

INSURED MYRGR0U-01
Sturgeon Electric Company, Inc.
12150 E. 112th Avenue
Henderson, CO 80640

INSURER(S) AFFORDING COVERAGE
INSURER A: Zurich American Insurance Company **NAIC #** 16535
INSURER B: National Fire & Marine Insurance Co **20079**
INSURER C: American Zurich Insurance Company **40142**
INSURER D:
INSURER E:
INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 36065120 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO837415424	9/30/2018	9/30/2019	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP837415522	9/30/2018	9/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp Ded \$100,000	\$ Coll Ded \$100,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			42UMO30293703	9/30/2018	9/30/2019	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC837415222(A/O/S) WC837415322(MA/WI)	9/30/2018 9/30/2018	9/30/2019 9/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Desc. of Job: - BRAN Emergency Restoration Services Contract
City of Boulder is shown as an additional insured solely with respect to General Liability and Automobile Liability coverage as evidenced herein on a primary/non-contributory basis as required by written contract with respect to the work performed by the named insured.

CERTIFICATE HOLDER

1542 City of Boulder
1300 Canyon Blvd.
Boulder CO 80301
USA

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/14/2018

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.

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Shannon Lentz	INSURER(S) AFFORDING COVERAGE INSURER A : AGCS Marine Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 22837	
	PHONE (A/C, No., Ext): 630-285-4418			FAX (A/C, No): 630-285-3922
	E-MAIL ADDRESS: shannon_lentz@ajg.com PRODUCER CUSTOMER ID: MYRGROU-01			


COVERAGES **CERTIFICATE NUMBER:** 1071113989 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> See Below	\$ 3,500,000
	CAUSES OF LOSS	Property Floater			<input checked="" type="checkbox"/> Deductible	\$ 100,000
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
A	<input checked="" type="checkbox"/> All Risk	MXI93069373	9/30/2018	9/30/2019		\$
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covered Property - Materials of Others in the Care, Custody and Control of the Named Insured.
 Desc. of Job: - BRAN Emergency Restoration Services Contract

CERTIFICATE HOLDER 1542 City of Boulder 1300 Canyon Blvd. Boulder CO 80301 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1995-2015 ACORD CORPORATION. All rights reserved.