

**AMENDMENT
Services Contract**

This Amendment is entered into this 22 day of April, 2010, nunc pro tunc December 31, 2009, by and between the **City of Loveland, Colorado** ("City") and **RS Tipton, Inc.** ("Contractor").

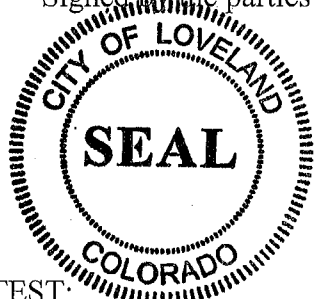
Whereas, the parties entered into a contract for **Building Permit Approval Process, Mapping, Review, Recommendations** dated September 15, 2009 ("Contract"); and

Whereas, the parties desire to amend the Contract as set forth herein.

Now, therefore, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

1. The Contract term shall be extended to **April 15, 2010**.
2. The Contract price shall be increased to an amount not to exceed **\$23,950**.
3. Exhibit A shall remain the same unless an amended Exhibit A is attached to this Amendment. Any such attachments shall be incorporated into the Contract as if fully set forth therein.
4. All other terms and conditions of the Contract shall remain in full force and effect according to the provisions thereof.

Signed by the parties on the date written above.



City of Loveland, Colorado

By: _____

Title: _____

[Signature]
Assistant City Manager

ATTEST:

[Signature]
City Clerk

APPROVED AS TO FORM:

[Signature]
Assistant City Attorney

Contractor

By:

Robert S. Tipton

Title:

PRESIDENT

STATE OF COLORADO)

COUNTY OF ARAPAHOE)

) ss.

The foregoing instrument was acknowledged before me this 22 day of APRIL, 2010 by ROBERT S. TIPTON

(Insert name of individual signing on behalf of the Contractor)

MEHO MICIJEVIC
NOTARY PUBLIC
STATE OF COLORADO

My Commission Expires 5/11/2013

[Signature]
Notary's official signature

5/13/2013
Commission expiration date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

KW DATE
TCPR 04-21-2010

PRODUCER
ISU INS SERVICES OF CO INC/PHS
342290 P: (866)467-8730 F: (877)905-0457
PO BOX 33015
SAN ANTONIO TX 78265

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

INSURERS AFFORDING COVERAGE

INSURED
R.S. TIPTON, INCORPORATED
1041 W DRY CREEK RD.
LITTLETON CO 80120

INSURER A: Hartford Casualty Ins Co
INSURER B: Twin City Fire Ins Co
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	34 SBM PB8406	01/13/10	01/13/11	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> General Liab				PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	34 SBM PB8406	01/13/10	01/13/11	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	34 WEC NC0098	08/23/09	08/23/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	E.L. EACH ACCIDENT				\$1,000,000	
	E.L. DISEASE - EA EMPLOYEE				\$1,000,000	
	E.L. DISEASE - POLICY LIMIT				\$1,000,000	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations. The certificate holder is additional insured on Business Liability per coverage form SS0008.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION

THE CITY OF LOVELAND
ATTN: ROD WENSING
500 E 3RD ST
LOVELAND, CO 80537

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jac Taylor