

**AMENDMENT  
Services Contract**

This Amendment is entered into this 13 day of July, 2010, *nunc pro tunc* April 15, 2010, 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 **August 23, 2010**.
2. The maximum Contract price shall be increased by \$500.00 from \$23,950 to \$24,450.
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: \_\_\_\_\_

ATTEST:

*Teressa S. Andrews*  
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 9<sup>th</sup> day of July, 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

*Conf of Arapahoe*

*[Signature]*

Notary's official signature

5-11-2013

Commission expiration date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2009

PRODUCER (303) 534-2133 FAX: (303) 892-5579  
 ISU Insurance Services of Colorado, Inc.  
 950 17th Street, Suite 1000

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.

Denver CO 80202-2819

INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
 R.S. Tipton, Inc.  
 Robert Tipton  
 1041 W. Dry Creek Road  
 Littleton CO 80120

INSURER A: Philadelphia Indemnity Ins.

18058

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER PROFESSIONAL LIABILITY	PH9D357589	8/23/2009	8/23/2010	Each Claim \$1,000,000 Annual Aggregate \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*10 days notice of cancellation for non payment of premium.

## CERTIFICATE HOLDER

Proof Of Insurance

## CANCELLATION

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 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

J A. Gutierrez/PL3