

CITY CLERK  
ORIGINAL

C-10803-1  
10/19/2016



CONTRACT EXTENSION

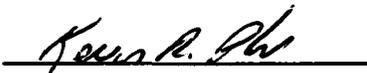
DATE: 10-19-2016  
TO: Creative Communications Sales & Rentals Inc.  
c/o Jacki Weisenburger  
FROM: City of Glendale  
c/o Jeff Henry  
SUBJECT: Contract Extension No.  
Contract No. C-8996  
Two-Way Radio's and Air Time

Dear ,

The above-mentioned contract is expiring on November 28<sup>th</sup> 2016. Under the original contract, Section #13, the City of Glendale wishes to exercise its right to extend the contract for a one-year period from November 28<sup>th</sup>, 2016 through November 28<sup>th</sup>, 2017. This letter serves as the first extension. There is 1 extension remaining. All provisions of the contract remain in full force and effect unless and until the parties agree to a written amendment or modification.

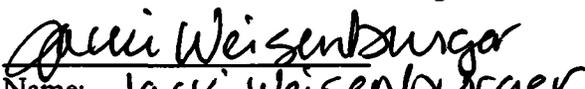
Thank you for your consideration.

Sincerely,



City Manager

Creative Communications Sales & Rentals, Inc. hereby acknowledges this contract extension and its intent to follow all terms of the original contract.



Name: Jacki Weisenburger  
Title: COO

Please return three signed copies and the new insurance certificate for the extended term to:

City of Glendale, Transit Division  
6210 W. Myrtle Ave, Bldg. S  
c/o Jeff Henry

Glendale, Arizona 85301

8/30/16

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/19/2016

**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).**

<b>PRODUCER</b> USI Insurance Services LLC 2375 E. Camelback Rd, Suite 250 Phoenix, AZ 85016 602 279-5800	<b>CONTACT NAME:</b> Lori Spelde
	<b>PHONE (A/C, No, Ext):</b> 602-374-1306 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> phx.certificates@usi.com
<b>INSURED</b> Creative Communications Sales and Rentals, Inc. 3332 E. Broadway Rd. Phoenix, AZ 85040	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Travelers Indemnity Co.      25666
	<b>INSURER B:</b> Travelers Property Cas. Co.      25674
	<b>INSURER C:</b> Standard Fire Insurance Company      19070
	<b>INSURER D:</b> Hartford Fire Insurance Company      19682
<b>INSURER E:</b> <b>INSURER F:</b>	

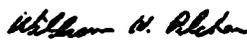
**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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.

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSR (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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	6302H094358	07/01/2016	07/01/2017	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$1,000,000 MED EXP (Any one person)      \$10,000 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>	X	X	BA2H094358	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
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 \$10,000			CUP2H094358	07/01/2016	07/01/2017	EACH OCCURRENCE      \$5,000,000 AGGREGATE      \$5,000,000 \$
C	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	N/A	UB8125C94A	07/01/2016	07/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Owned Equip Lease & Rent to Others			59MSVJ4623	07/01/2016	07/01/2017	\$2,289,000 Limit
D	Leased/Rented EQ			59MSVJ4623	07/01/2016	07/01/2017	\$1,000 Deductible \$150,000 Lmt/\$1000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Contract No. C-8996, Two-Way Radio's and Air Time.

Insurer: B; Garagekeepers Liability - Limits: Loc 1: \$1,500,000; Loc 2: \$1,000,000; Loc 3: \$1,000,000; Loc 4: \$2,500,000; Loc 5: \$250,000; \$500 Comprehensive/Collision deductibles apply to all locations.

<b>CERTIFICATE HOLDER</b> City of Glendale, Transit Division Attn: Jeff Henry 6210 W. Myrtle Ave., Bldg. S Glendale, AZ 85301	<b>CANCELLATION</b> 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 
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