



**CITY CLERK
ORIGINAL**

5754 W Glenn Dr.
Glendale, AZ 85301

T 623.939.6404
F 775.640.6448

**C-7901-7
11/18/2015**

November 18, 2015
Mr. Brian Friedman
Director of Economic Development, Citywide Efforts
City of Glendale
5850 W. Glendale Ave, Suite 217
Glendale, AZ 85301

Dear Mr. Friedman,

Inter Technologies Corporation is proud to provide this letter of intent to renew our leasing Agreement of the 5754 W. Glenn Dr. building with the City of Glendale.

We look forward to continuing our Partnership with the City of Glendale, and bringing exciting opportunities to the Downtown Glendale area and Glendale Community as a whole. Thank you again for your continued support!

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jeffrey Rose", written over a horizontal line.

Jeffrey Rose

Southwest Regional Director, Inter Technologies Corporation



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/17/2015

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Trevino Insurance Group Inc. 1602 N Main St Mishawaka, IN 46545		PHONE (A/C, No, Ext): (574)256-5712	COMPANY NAME AND ADDRESS Cincinnati Insurance Company P.O. Box 145496 Cincinnati, OH 45205496		NAIC NO:
FAX (A/C, No): (574)256-5798	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #:			LOAN NUMBER	POLICY NUMBER EPP0279278	
NAMED INSURED AND ADDRESS Inter Technologies PO Box 1832 South Bend, IN 46634			EFFECTIVE DATE 10/1/2015	EXPIRATION DATE 10/1/2016	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
5754 W. Glenn Dr.
Glendale, AZ 85301

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	X SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$				250000		DED: 1000
		YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE			X	If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE				X	If YES, Indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE				X	Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X		
IS DOMESTIC TERRORISM EXCLUDED?				X		
LIMITED FUNGUS COVERAGE				X	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				X		
REPLACEMENT COST		X				
AGREED VALUE				X		
COINSURANCE		X			If YES, 100 %	
EQUIPMENT BREAKDOWN (If Applicable)				X	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				X		
- Demolition Costs				X	If YES, LIMIT:	DED:
- Incr. Cost of Construction				X	If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)				X	If YES, LIMIT:	DED:
FLOOD (If Applicable)				X	If YES, LIMIT:	DED:
WIND / HAIL (If Subject to Different Provisions)				X	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				X		

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.

ADDITIONAL INTEREST		CONTRACT OF SALE		LENDER SERVICING AGENT NAME AND ADDRESS	
MORTGAGEE	LENDERS LOSS PAYABLE				
NAME AND ADDRESS City of Glendale Attn: Regulatory's Communications Mgr. 5850 W. Glendale Ave. Glendale, AZ 85301				AUTHORIZED REPRESENTATIVE <i>Kimberly D. ...</i>	

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

The City of Glendale is listed as additional insured as respects for the following location:

5754 W. Glenn Dr.
Glendale, AZ 85301

Business Personal Property: \$200,000
Tenant's Betterments and Improvements: \$50,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/17/2015

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).

PRODUCER Trevino Insurance Group Inc. 1602 N Main St Mishawaka, IN 46545	CONTACT NAME: PHONE (A/C, No, Ext): (574)256-5712 FAX (A/C, No): (574)256-5798 E-MAIL ADDRESS:														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Cincinnati Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C: Cincinnati Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D: Cincinnati Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company		INSURER B: Cincinnati Insurance Company		INSURER C: Cincinnati Insurance Company		INSURER D: Cincinnati Insurance Company		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: Cincinnati Insurance Company															
INSURER D: Cincinnati Insurance Company															
INSURER E:															
INSURER F:															
INSURED Inter Technologies PO Box 1832 South Bend, IN 46634															

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

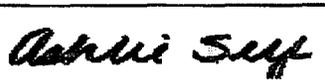
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EPP0279278	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/OP AGG \$ 2000000 EMPLOYEE BENEFITS \$ 100/300
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			EPP0279278	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<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			EPP0279278	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 5000000 AGGREGATE \$
D	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	WC2121445	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Glendale is listed as additional insured as respects for the following location:

5754 W. Glenn Dr.
Glendale, AZ 85301

Insurance is Primary and Non Contributory.

CERTIFICATE HOLDER City of Glendale Attn: Regulatory's Communications Mgr 5850 W. Glendale Ave. Glendale, AZ 85301	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 
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