

**Purchase Order Number 15756**

This Number Must Appear on all  
Invoices, Packing Lists, and Packages

**ADAMS COUNTY  
PURCHASE ORDER**

Page - 1 of 1  
Order Date: 05/03/18  
Requested Date: 05/03/18  
Cost Center: 3090

Vendor Address	Vendor and Shipping Information	Ship To Information
MOUNTAIN NAVIGATION, INC 1824 SOUTH ZANG COURT LAKEWOOD CO 80228	Phone: FAX: e-mail: Delivery: FOB DESTINATION	ADAMS COUNTY TRANSPORTATION DEPARTMENT HIGHWAY WEST DIVISION 4955 EAST 74TH AVENUE, 1ST FLOOR COMMERCE CITY CO 80022
VENDOR NUMBER: 708348		

All pricing and survey services shall be per Project No. 2018.607 / W. 60th Ave Clay Community Trail Connection Survey as Exhibit A.  
attached herein. Adams County Rep: David Rausch / 720.523.6840

Ln	R	Description / Supplier Item	QTY	UOM	Unit Price	Extended Price	Account Number	Req. No.
1	0	W 60th Ave Clay Community		EA	0.0000	4,800.00	3090.7820	12040

## SERVICE PURCHASE ORDER TERMS AND CONDITIONS

**1. RESPONSIBILITIES OF THE COUNTY:** The County shall provide information as necessary or requested by the Contractor to enable the Contractor's performance under this Agreement.

**2. TERM:** The term of this Agreement shall be for no more than one year from the date of this purchase order unless otherwise noted on the first page of this document.

**3. INDEPENDENT CONTRACTOR:** In providing services under this Agreement, the Contractor acts as an independent contractor and not as an employee of the County. The Contractor shall be solely and entirely responsible for his/her acts, and the acts of his/her employees, agents, servants, and subcontractors during the term and performance of this Agreement. No employee, agent, servant, or subcontractor of the Contractor shall be deemed to be an employee, agent, or servant of the County because of the performance of any services or work under this Agreement. The Contractor, at its expense, shall procure and maintain workers' compensation insurance as required by law. Pursuant to the Workers' Compensation Act § 8-40-202(2)(b)(IV), C.R.S., as amended, the Contractor understands that it and its employees and servants are not entitled to workers' compensation benefits from the County. The Contractor further understands that it is solely obligated for the payment of federal and state income tax on any moneys earned pursuant to this Agreement.

**4. NONDISCRIMINATION:** The Contractor shall not discriminate against any employee or qualified applicant for employment because of age, race, color, religion, marital status, disability, sex, or national origin. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices provided by the local public agency setting forth the provisions of this nondiscrimination clause.

**5. INDEMNIFICATION:** The Contractor agrees to indemnify and hold harmless the County, its officers, agents, and employees for, from, and against any and all claims, suits, expenses, damages, or other liabilities, including reasonable attorney fees and court costs, arising out of damage or injury to persons, entities, or property, caused or sustained by any person(s) as a result of the Contractor's performance or failure to perform pursuant to the terms of this Agreement or as a result of any subcontractors' performance or failure to perform pursuant to the terms of this Agreement.

**6. INSURANCE:** The Contractor agrees to maintain insurance of the following types and amounts:

**6.1. Commercial General Liability Insurance:** to include products liability, completed operations, contractual, broad form property damage and personal injury.

6.1.1. Each Occurrence \$1,000,000

6.1.2. General Aggregate \$2,000,000

**6.2. Comprehensive Automobile Liability Insurance:** to include all motor vehicles owned, hired, leased, or borrowed.

6.2.1. Bodily Injury/Property Damage \$1,000,000 (each accident)

6.2.2. Personal Injury Protection Per Colorado Statutes

**6.3. Workers' Compensation Insurance:** Per Colorado Statutes

**6.4. Adams County as "Additional Insured":** The Contractor's commercial general liability, comprehensive automobile liability, and professional liability insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured," and shall include the following provisions:

6.4.1. Underwriters shall have no right of recovery or subrogation against the County, it being the intent of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses resulting from the actions or negligence of the Contractor.

6.4.2. The insurance companies issuing the policy or policies shall have no recourse against the County for payment of any premiums due or for any assessments under any form of any policy.

6.4.3. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.

**6.5. Licensed Insurers:** All insurers of the Contractor must be licensed or approved to do business in the State of Colorado. Upon failure of the Contractor to furnish, deliver and/or maintain such insurance as provided herein, this Agreement, at the election of the County, may be immediately declared suspended, discontinued, or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.

**6.6. Endorsement:** Each insurance policy herein required shall be endorsed to state that coverage shall not be suspended, voided, or canceled without thirty (30) days prior written notice by certified mail, return receipt requested, to the County.

**6.7. Proof of Insurance:** At any time during the term of this Agreement, the County may require the Contractor to provide proof of the insurance coverages or policies required under this Agreement.

## **7. TERMINATION:**

**7.1. For Cause:** If, through any cause, the Contractor fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, conditions, or stipulations of this Agreement, the County shall thereupon have the right to immediately terminate this Agreement, upon giving written notice to the Contractor of such termination and specifying the effective date thereof.

**7.2. For Convenience:** The County may terminate this Agreement at any time by giving written notice as specified herein to the other party, which notice shall be given at least thirty (30) days prior to the effective date of the termination. If this Agreement is terminated by the County, the Contractor will be paid an amount that bears the same ratio to the total compensation as the services actually performed bear to the total services the Contractor was to perform under this Agreement, less payments previously made to the Contractor under this Agreement.

## **8. MUTUAL UNDERSTANDINGS:**

8.1. Jurisdiction and Venue: The laws of the State of Colorado shall govern as to the interpretation, validity, and effect of this Agreement. The parties agree that jurisdiction and venue for any disputes arising under this Agreement shall be with the 17th Judicial District, Colorado.

8.2. Compliance with Laws: During the performance of this Agreement, the Contractor agrees to strictly adhere to all applicable federal, state, and local laws, rules and regulations, including all licensing and permit requirements. The parties hereto aver that they are familiar with § 18-8-301, et seq., C.R.S. (Bribery and Corrupt Influences), as amended, and § 18-8-401, et seq., C.R.S. (Abuse of Public Office), as amended, and that no violation of such provisions are present. Without limiting the generality of the foregoing, the Contractor expressly agrees to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when exposed to or provided with any data or records under this Agreement that are considered to be "Protected Health Information."

8.3. OSHA: Contractor shall comply with the requirements of the Occupational Safety and Health Act (OSHA) and shall review and comply with the County's safety regulations while on any County property. Failure to comply with any applicable federal, state or local law, rule, or regulation shall give the County the right to terminate this agreement for cause.

8.4. Record Retention: The Contractor shall maintain records and documentation of the services provided under this Agreement, including fiscal records, and shall retain the records for a period of three (3) years from the date this Agreement is terminated. Said records and documents shall be subject at all reasonable times to inspection, review, or audit by authorized federal, state, or County personnel.

8.5. Assignability: Neither this Agreement, nor any rights hereunder, in whole or in part, shall be assignable or otherwise transferable by the Contractor without the prior written consent of the County.

8.6. Waiver: Waiver of strict performance or the breach of any provision of this Agreement shall not be deemed a waiver, nor shall it prejudice the waiving party's right to require strict performance of the same provision, or any other provision in the future, unless such waiver has rendered future performance commercially impossible.

8.7. Force Majeure: Neither party shall be liable for any delay or failure to perform its obligations hereunder to the extent that such delay or failure is caused by a force or event beyond the control of such party including, without limitation, war, embargoes, strikes, governmental restrictions, riots, fires, floods, earthquakes, or other acts of God.

8.8. Notice: Any notices given under this Agreement are deemed to have been received and to be effective: (1) three (3) days after the same shall have been mailed by certified mail, return receipt requested; (2) immediately upon hand delivery; or (3) immediately upon receipt of confirmation that a facsimile was received.

8.9. Integration of Understanding: This Agreement contains the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by the parties hereto.

8.10. Severability: If any provision of this Agreement is determined to be unenforceable or invalid for any reason, the remainder of this Agreement shall remain in effect, unless otherwise terminated in accordance with the terms contained herein.

## **9. CHANGE ORDERS OR EXTENSIONS:**

9.1. Change Orders: The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. Such changes, including any increases or decreases in the amount of the Contractor's compensation, must be mutually agreed upon in writing by the County and the Contractor. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision in the Invitation to Bid, or, if no provision exists, pursuant to the terms of the Change Order.

9.2. Extensions: The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.

## **10. COMPLIANCE WITH C.R.S. § 8-17.5-101, ET. SEQ. AS AMENDED 5/13/08: Pursuant to Colorado Revised Statute (C.R.S.), § 8-17.5-101, et. seq., as amended 5/13/08, the Contractor shall meet the following requirements prior to signing this Agreement (public contract for service) and for the duration thereof:**

10.1. The Contractor shall certify participation in the E-Verify Program (the electronic employment verification program that is authorized in 8 U.S.C. § 1324a and jointly administered by the United States Department of Homeland Security and the Social Security Administration, or its successor program) or the Department Program (the employment verification program established by the Colorado Department of Labor and Employment pursuant to C.R.S. § 8-17.5-102(5)) on the attached certification.

10.2. The Contractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.

10.3. The Contractor shall not enter into a contract with a subcontractor that fails to certify to the Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.

10.4. At the time of signing this public contract for services, the Contractor has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this public contract for services through participation in either the E-Verify Program or the Department Program.

10.5. The Contractor shall not use either the E-Verify Program or the Department Program procedures to undertake pre-employment screening of job applicants while this public contract for services is being performed.

10.6. If Contractor obtains actual knowledge that a subcontractor performing work under this public contract for services knowingly employs or contracts with an illegal alien, the Contractor shall: notify the subcontractor and the County within three days that the Contractor has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and terminate the subcontract with the subcontractor if within three days of receiving the notice required pursuant to the previous paragraph, the subcontractor does not stop employing or contracting with the illegal alien; except that the contractor shall not terminate the contract with the subcontractor if during such three days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.

10.7. Contractor shall comply with any reasonable requests by the Department of Labor and Employment (the Department) made in the course of an investigation that the Department is undertaking pursuant to the authority established in C.R.S. § 8-17.5-102(5).

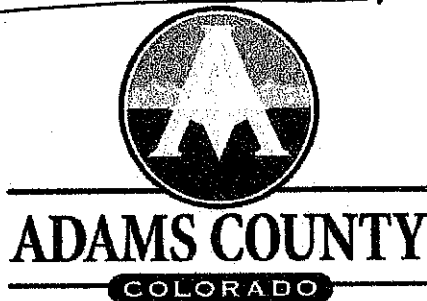
10.8. If Contractor violates this Section, of this Agreement, the County may terminate this Agreement for breach of contract. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the County.

10.9. Contractor's Certification of Compliance must be on file with the Adams County Purchasing Office prior to the commencement of any work.

11. **Quality:** Seller warrants that the goods delivered hereunder will conform to the description stated in this Order and that the goods will be merchantable, of good workmanship and materials, and free from defects. These warranties shall survive inspection, testing and/or acceptance of the goods. At Buyer's option, and without prejudice to any other rights Buyer may have, Seller shall remedy any defective goods or reimburse Buyer for its costs for remedying or replacing defective goods.

12. **Appropriation Clause:** The payment of Buyer's obligation hereunder in fiscal years subsequent to the current year are contingent upon funds for this Order being appropriated and budgeted. If funds for this Order are not appropriated and budgeted in the year subsequent to the fiscal year of issuance of this Order, the Buyer may terminate this Order. Buyer's fiscal year is the calendar year. Termination under this provision shall not result in any penalty being imposed against Buyer.

EXHIBIT A.



Adams County Finance Department  
Purchasing Division  
4430 South Adams County Parkway  
Brighton, Colorado 80601

**2018.607 – W. 160<sup>TH</sup> Ave Survey Services  
PROPOSAL COVER SHEET**

RFP Issue Date: 2/23/2018  
RFP Number: RFP-SS-2018.607  
RFP Title: **W. 60th AVENUE CLAY COMMUNITY TRAIL CONNECTION SURVEY PROJECT SERVICES**  
RFP Questions Due: 3/2/2018 400 PM MT  
Proposal will be received until: 3/9/18 2:00 PM MT, Our Clock  
***Emailed to the Contract Specialist Listed Below***

For additional information please contact: Shannon E. Sprague, CPPB, Contract Specialist II  
720-523-6052  
Email Address: [ssprague@adcogov.org](mailto:ssprague@adcogov.org)

If any of the documents listed above are missing from this package, contact Adams County Purchasing.  
If you require additional information, call the Purchasing Division contact person.

The undersigned hereby affirms that (1) he/she is a duly authorized agent of the Surveyor, (2) he/she has read all terms and conditions and technical specifications which were made available in conjunction with this solicitation and fully understands and accepts them unless specific variations have been expressly listed in his/her Proposal, (3) the Proposal is being submitted on behalf of the Surveyor in accordance with any terms and conditions set forth in this Solicitation, and (4) the Surveyor will accept any awards made to it as a result of the Proposal submitted herein for a minimum of 120 calendar days following the date of submission.

**PRINT OR TYPE YOUR INFORMATION**

Name of Surveyor: Mountain Navigation Inc Fax: \_\_\_\_\_  
Address: 1824 South Zang Court City/State: Lakewood, CO Zip: 80228  
Contact Person: George Moody Title: Vice President Phone: 303.514.5232  
Authorized Representative's Signature: \_\_\_\_\_ Phone: 303.514.5232  
Printed Name: George Moody Title: Vice President Date: 3-20-18

Email Address: [george.moody@mountainhav.com](mailto:george.moody@mountainhav.com)

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**MOUNTAIN NAVIGATION INC.**  
**SURVEYORS OF LAND, HYDROGRAPHICS, MAPPING, UAV DRONES, OFF ROAD RACING**

March 20, 2018

Adams County Finance Department  
Purchasing Division  
4430 South Adams County Parkway  
Brighton, Colorado 80601

**Re: Proposal for Professional Surveying Services**  
**RFP-SS-2018.607**  
**Adams County W. 60<sup>th</sup> Avenue Clay Community Trail Connection Survey Project**  
**Adams County, Colorado**

MOUNTAIN NAVIGATION INC. (MNI) is pleased to submit this proposal for providing professional surveying services for the **Adams County W. 60<sup>th</sup> Avenue Clay Community Trail Connection Survey Project**. This proposal is based upon the RFP-SS-2018.607 provided by Adams County, dated 2-23-18

Please review this Scope of Services in detail to insure it covers your surveying requirements for this project. If you need to add or delete any items, please notify me and we will provide you with a revised proposal. Any additional services required that are not listed in this proposal will be provided through a Field Work Order or will be billed separately on a Time & Expense (T&E) basis per the applicable Charge Rates Schedule.

We appreciate the opportunity to provide you with this proposal and look forward to working with you on this project.

If you have any questions, please give me a call at 303.514.5232

Sincerely,

*George C. Moody, PLS*  
Owner/Professional Land Surveyor

[george.moody@mountainnav.com](mailto:george.moody@mountainnav.com)  
1824 South Zang Court  
Lakewood, CO 80228  
303-514-5232

## *Scope of Services*

### **Task 1: Topographic and R.O.W Survey of West 60<sup>th</sup> Avenue (2,276 lf) per RFP-SS-2018.607**

#### **Service/Work Items:**

1. All visible improvements will be located if items fall within defined limits, including:
2. Develop one (1)-foot contours across defined limits.
3. Set two (2) control points (#5 rebar. 18" long with a 2" aluminum cap).
4. Existing signage
5. Existing edge of asphalt
6. Search and locate section corners for Right of Way boundary.
7. Provide size, type, material and condition of all visible improvements.
8. Search and locate the extents of any areas of ponding. Including cross sections of the ponded area.
9. Locate and provide any obstructions to the flow path of the road side drainage ditches, to include all types of trees and large bushes, to include type, height, and diameter.
10. Survey control based on Colorado State Plane Coordinate system and NAVD88 vertical datum.
11. Coordinate with private utility marking firm to locate utilities and schedule locates prior to survey. Survey any and all underground utility locations based on markings.
12. No title commitments will be acquired, the work is assumed to be in the ROW.
13. No property corners will be set.

#### **Deliverables:**

1. Electronic AutoCad Civil 3D drawing.
2. Point file in text PNEZD format.  
(Additional deliverables from Mountain Navigation, UAV/Drone Mapping)
3. Digital Surface Model (DSM)
4. Ortho mosaic imagery
5. Point Cloud Data Set (approximately 1"/per pixel)

#### **Proposal items for evaluation:**

The itemized list of tasks below is a brief outline of the major tasks for the project completion. Additional tasks and items listed in the RFP items above will be incorporated in the services listed. Traditional GNSS and or, Robotic Total Station topographic survey mapping will be performed for the contract and primary data acquisition.

In addition, Mountain Navigation Inc is proposing a UAV/Drone Survey of the project area to provide a comprehensive Digital Surface Model (DSM), Ortho Mosaic imagery and additional ground control to better aid in the design phase and mapping products. We firmly believe the minimal additional cost to Adams County will prove to be beneficial to the trail design and overall product quality of the mapping requested.



**MOUNTAIN NAVIGATION INC.**  
**SURVEYORS OF LAND, HYDROGRAPHICS, MAPPING, UAV DRONES, OFF ROAD RACING**

**Pricing Itemized Sheet:**

Task No.	Task Description:	Position Title	Position Title	Total Task Project Hours	Average Cost per Hour	Overall Total Cost of Project Task
1.	Survey Project Control	Survey Supervisor	Instrument Operator	3	\$135.00	\$405.00
2.	Topographic Survey-field work	Survey Supervisor	Instrument Operator	12	\$135.00	\$1,620.00
3.	Search/Locate Section Corners-PLSS Monuments (3)	Professional Land Surveyor	Instrument Operator	2	\$145.00	\$290.00
4.	Utility Locates (contract services)	Technician		8	\$125.00	\$1,000.00
5.	UAV/Drone Mapping-field work	UAV Pilot 1	UAV Pilot 2	3	\$155.00	\$465.00
6.	Data processing/CADD deliverables	CADD Technician		12	\$85.00	\$1,020.00
<b>Overall Survey Services Project Amount: \$4,800.00</b>						

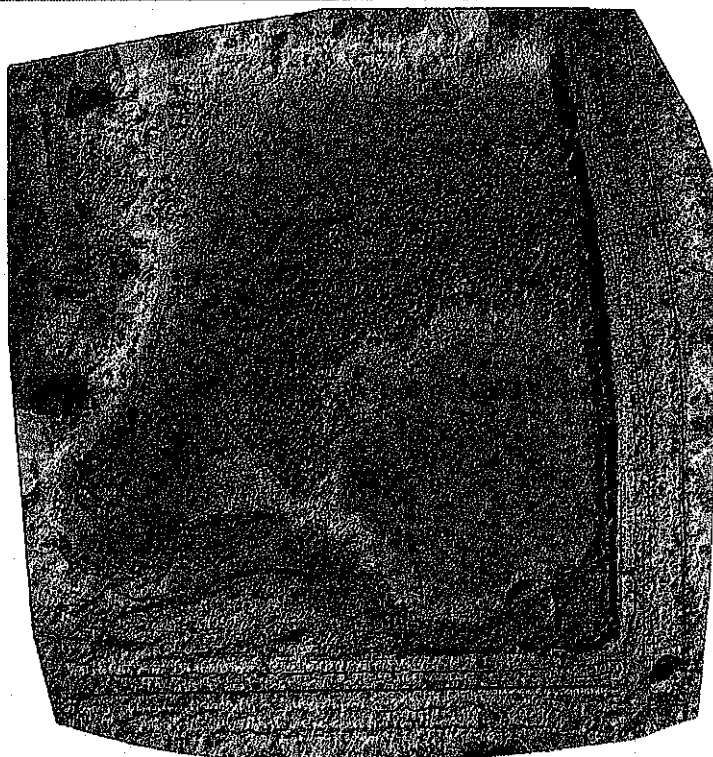
**Professional Wage Hourly Rate per Position Title:**

Position Title:	Regular Rate	Overtime Rate
2 Man Survey Crew w/ Equipment	\$135.00	\$162.00
Professional Land Surveyor	\$110.00	\$110.00
Survey Supervisor	\$65.00	\$78.00
Survey Instrument Operator	\$42.00	\$50.40
UAV/Drone Pilot	\$95.00	\$114.00
CADD Technician	\$85.00	\$102.00
Administrative Assistant	\$65.00	\$78.00

**Schedule:**

Mountain Navigation Inc. will require *21 days* for completion of mapping deliverables per RFP from date of notice to proceed.

**Sample Data:**  
**Topographic Mapping**



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**MOUNTAIN NAVIGATION INC.**  
**SURVEYORS OF LAND, HYDROGRAPHICS, MAPPING, UAV DRONES, OFF ROAD RACING**

**Ortho-Mosaic Imagery:**



We look forward to serving you on this project. Please call if you have any questions or require any clarifications.

We sincerely thank you for the opportunity.

*George C. Moody*

Owner/Professional Land Surveyor

Mountain Navigation Inc.

1824 South Zang Court

Lakewood, CO 80228

303.514.5232

[george.moody@mountainnav.com](mailto:george.moody@mountainnav.com)

## **MOUNTAIN NAVIGATION RATE SHEET**

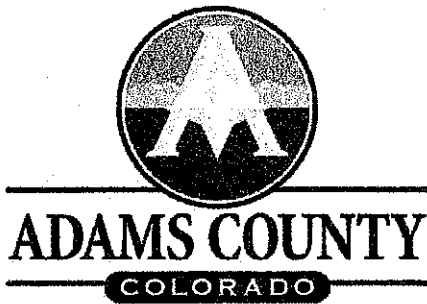
### **2018 HOURLY WAGE RATE SHEET**

<u>Staff Type</u>	<u>Standard Average Wage Rate/Hour</u>
<b>Project Assistant</b>	<b>\$65.00</b>
<b>Office/CADD Technician</b>	<b>\$85.00</b>
<b>Survey Supervisor</b>	<b>\$65.00</b>
<b>Survey Instrument Operator</b>	<b>\$42.00</b>
<b>Professional Land Surveyor</b>	<b>\$110.00</b>
<b>2-Person Survey Crew</b>	<b>\$135.00</b>
<b>UAV/Drone Pilot w/Aircraft</b>	<b>\$95.00</b>
<b>UAV/Drone Technical Support</b>	<b>\$85.00</b>

#### **Reimbursable Expenses (if applicable)**

<u>CAD &amp; GIS Work Station</u>	<u>Included in Hourly Rate</u>
<u>Mileage</u>	<u>Included in Hourly Rate for Metro Denver Projects</u>
<u>Postage &amp; Routine Printing Cost</u>	<u>Included in Hourly Rate</u>
<u>Special Equipment, Software</u>	<u>Per Project Basis</u>
<u>Subsistence (Per Diem)</u>	<u>At Actual Cost</u>

*Rates to be renegotiated after January 1<sup>st</sup> and July 1<sup>st</sup> of each calendar year.*



Adams County Finance Department  
Purchasing Division  
4430 South Adams County Parkway  
Brighton, Colorado 80601

**REQUEST FOR PROPOSAL  
CONTRACTOR'S CERTIFICATION  
OF COMPLIANCE**

Pursuant to Colorado Revised Statute, § 8-17.5-101, *et seq.*, as amended 5/13/08, as a prerequisite to entering into a Agreement for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or Agreement with an illegal alien who will perform work under the attached Agreement for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, *et seq.* in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached Agreement for services.

Mountain Navigation Inc

Contractor Name

George Moody

Printed or Typed Name

Signature

Vice President

Title

3-20-18

Date

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/18/2018

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).

<b>PRODUCER</b> Assurance Risk Managers, Inc. 10851 East Bethany Drive Suite 300 Aurora CO 80014-2888		<b>CONTACT NAME:</b> Maribeth Sugg <b>PHONE (A/C, No, Ext):</b> (303)454-9562 <b>FAX (A/C, No):</b> (303)454-9564 <b>E-MAIL ADDRESS:</b> maribeth.sugg@arm-i.com	
<b>INSURED</b> Mountain Navigation Inc 1824 South Zang Court Lakewood CO 80228		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Citizens Insurance Co of America <b>INSURER B:</b> RLI Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 31534 13056	

**COVERAGES** **CERTIFICATE NUMBER:** 17-18 GL EO 18-19 AL WC **REVISION NUMBER:**

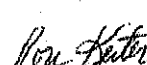
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		OB4 A100547 04	09/05/2017	09/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input 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		PSA0002318	02/21/2018	02/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	PSW0003851	02/21/2018	02/21/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liability Claims Made Policy		RDP0030900	12/17/2017	12/17/2018	Each Claim 1,000,000 Aggregate 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Adams County 4430 S Adams County Pkwy  Brighton CO 80601	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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## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Mountain Navigation Inc</b>		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>1824 South Zang Court</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>Lakewood, Co 80228</b>		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
			-					
or								
Employer identification number								
2	0		-	0	1	6	1	9 6 4

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ► 

Date ► 3-14-18

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.