

**NORTHERN COLORADO REGIONAL AIRPORT
HANGAR LEASE AGREEMENT**

THIS HANGAR LEASE AGREEMENT (the "Agreement"), is made and entered into this ____ day of _____, 20____, by and between THE CITIES OF THE CITY OF FORT COLLINS AND LOVELAND, COLORADO, Municipal Corporations, (collectively, the "Cities") and _____ (the "Tenant").

WITNESSETH:

WHEREAS, the Cities own and operate an airport known as the Northern Colorado Regional Airport located in Larimer County, Colorado, including the real property upon which the same is located, (hereinafter, the "Airport"); and

WHEREAS, the Tenant desires to lease one of the Cities' hangars; and

WHEREAS, the Cities believe that the lease of a hangar to Tenant will be beneficial to Airport operations or the other aviation uses of the Airport.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein and other good and valuable consideration, the Cities and the Tenant agree as follows:

1. Leased Premises. In consideration of the payment of the rent and the keeping and performance of the covenants and obligations provided for in this Agreement, the Cities hereby lease to Tenant and Tenant leases from the Cities Hangar # _____ located in the hanger building at [insert address] (the "Premises" or "Hangar"), subject to the following terms and conditions.
2. As Is Condition of Premises. It is understood that Tenant has inspected the Premises and takes it "AS IS." Except as expressly set forth in this Agreement, the Cities shall have no obligation to make any changes, removals, maintenance, or repairs of any kind. Tenant shall use the Premises only in the manner described in Section 7.
3. Rental Payment by Tenant. The Tenant agrees to pay to the Cities under the terms of this Agreement rent of \$_____ per month, subject to adjustment as set by the Cities. Payments shall be made monthly and in advance commencing on _____ (date). If the term hereof commences or terminates on other than the first or last day of the month, the rent shall be pro-rated on a daily basis. Rent shall be due without notice or invoice from the Cities on the first day of each and every month during the term hereof and Tenant shall be deemed to be in default hereunder if such rent has not been received at the above indicated address by the first day of each month.
4. Term. This Agreement shall be deemed a "month-to-month" tenancy and, except as otherwise provided herein, may be terminated by either party without cause upon giving 30 days' written notice of termination to the other in writing.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MM

DATE (MM/DD/YYYY)

05/10/2016

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).

PRODUCER
Wenk Aviation Insurance, LLC
900 North Shore Dr., Suite 109
Lake Bluff, IL 60044
Madeleine Monaco

CONTACT

NAME:

PHONE

(A/C No. & Ext):

FAX

(A/C No.):

E-MAIL:

ADDRESS:

PRODUCER

CUSTOMER ID #: Customer ID#

INSURED

Name & Address of Insured

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Name of Insurance provider

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	Policy Number	Policy effective dates 04/02/2016 04/02/2017	Minimum Liability coverage met	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$ 5,000
	X Premises Liab					PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	HIRED AUTOS					\$
	NON-OWNED AUTOS					\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory In NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Address or description of leased premises/hangar being covered

CERTIFICATE HOLDER

CANCELLATION

BOTH Cities listed as Additional Insureds

FORTCOL

City of Fort Collins City of

Loveland

4900 Earhart Rd
Loveland, CO 80538

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

Name and Signature of Insurance authorized Representative