

AMENDMENT

THIS AMENDMENT is made and entered into by and between The Bridge Behavioral Health, hereinafter referred to as "the Contractor," and the County of Lancaster, Nebraska, hereinafter referred to as "the County." The Contractor and the County individually may be referred to as a "Party," and collectively as "Parties."

WHEREAS, the County and Contractor entered into an Agreement on or about April 7, 2015, under County Contract No. C-15-0175 ("the Contract");

WHEREAS, the Contract's original term ran from March 1, 2015, through February 28, 2017;

WHEREAS, the Contract contained a provision allowing for a one-year renewal of the Contract upon mutual written agreement of the Parties; and

WHEREAS, the Parties wish to renew the Contract for one year as provided in the Contract;

NOW, THEREFORE, in consideration of the mutual covenants contained herein and in the Contract, it is agreed between the Parties as follows:

- 1) Pursuant to Section 1 of the Contract, the Contract is hereby renewed for one year, from March 1, 2017, through February 28, 2018; and
- 2) All other terms of the Contract not in conflict with the terms of this Amendment shall remain in full force and effect.

EXECUTED this 6th day of March, 2017 by Contractor.

BY: Paul Teague

TITLE: Executive Director

EXECUTED this _____ day of _____, 2017, by Lancaster County, Nebraska.

BY: _____

APPROVED AS TO FORM
this ____ day of _____, 2017

Deputy County Attorney for
JOE KELLY, County Attorney



CERTIFICATE OF LIABILITY INSURANCE

BRIDG-1

OP ID: BM

DATE (MM/DD/YYYY)

03/03/2017

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 The Glienke Agency, L.L.C. 1200 Valley West Dr.; Ste 503 West Des Moines, IA 50266 Scott R. Glienke, CPCU, CIC	CONTACT NAME: Scott R. Glienke, CPCU, CIC	
	PHONE (A/C, No, Ext): 515-267-8555	FAX (A/C, No): 515-222-5999
E-MAIL ADDRESS: scott@theglienkeagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Ins. Co		18058
INSURER B: Alliance of Nonprofits		10023
INSURER C: United Heartland Services, Inc		29157
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 The Bridge of Nebraska Inc.
 Phil Tegeler
 721 K Street
 Lincoln, NE 68508

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		2016-27684 CGL/PRO	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 1,000,000
B	<input checked="" type="checkbox"/> Professional			2016-27684 CGL/PRO	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
B	<input checked="" type="checkbox"/> Abuse Liability			2016-27684 CGL/PRO	07/01/2016	01/01/2017	MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	<input checked="" type="checkbox"/> 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			PHPK1582851	12/01/2016	12/01/2017	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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2016-27684 UMB	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	20000014226	07/01/2016	07/01/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is listed as Additional Insured in regards to the General Liability Policy.

CERTIFICATE HOLDER**CANCELLATION**

Lancaster County
 Attn: Brenda Fisher
 3801 West O St
 Lincoln, NE 68508

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

Scott R Glienke

© 1988-2014 ACORD CORPORATION. All rights reserved.