## AMENDMENT TO CONTRACT Annual Requirements Mailing Services - County Election Commission Quote 4748 Lancaster County Renewal

All Needs Computer & Mailing Services Inc.

This Amendment is hereby entered into by and between All Needs Computer & Mailing Services Inc., 8100 South 13<sup>th</sup> St., Lincoln, NE 68512-9393 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated April 15, 2014, under County Contract No. C-14-0193, for Annual Requirements - Mailing Services - County Election Commission, Quote No. 4748, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is April 15, 2014 through April 14, 2015, with the option to renew for three (3) additional one (1) year terms upon written mutual consent of both parties; and

WHEREAS, the Contract was amended by County Contract C-15-0137 executed by the County Board on March 17, 2015 to renew the contract for an additional one (1) year term from April 15, 2015 through April 14, 2016; and

WHEREAS, the Contract was amended by County Contract C-16-0116 executed by the County Board on March 15, 2016 to renew the contract for an additional one (1) year term from April 15, 2015 through April 14, 2016; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning April 15, 2017 through April 14, 2018; and

WHEREAS, the estimated expenditures for Lancaster County Election Commission for the term of this renewal shall not exceed \$2,100.00 without approval by the Lancaster County Board of Commissioners; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-14-0193, and stated herein the parties agree as follows:

- 1) The parties wish to renew the Contract for an additional one (1) year term beginning April 15, 2017 through April 14, 2018.
- 2) The estimated expenditures for Lancaster County Election Commission for the term of this renewal shall not exceed \$2,100.00 without approval by the Lancaster County Board of Commissioners.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

Vendor Signature Page Lancaster County Signature Page

### **Vendor Signature Page**

### AMENDMENT TO CONTRACT

Annual Requirements

Mailing Services - County Election Commission
Quote 4748
Lancaster County
Renewal

All Needs Computer & Mailing Services Inc.

Please sign, date and return within 5 days of receipt.

Mail to:

City/County Purchasing

Attn: Brianne Crooks 440 So. 8th St., Ste. 200 Lincoln, NE 68508

Or email to: BCrooks@lincoln.ne.gov

Company Name:	all Needs Competer & Mailing Services, In
By: (Please Sign)	Betty O Cumming
By: (Please Print)	Bety I. Cumnings
Title:	Owner
Company Address:	8100 S. 13th St., Lincoln, NE 68512
Company Phone & Fax:	402-421-1083; 402-421-6557
E-Mail Address:	bety@ ANCMS. Com
Date:	3-21-17
Contact Person for: Service or Orders"	Bedly Cummings
Contact Phone Number:	402-421-1083

### **Lancaster County Signature Page**

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# AMENDMENT TO CONTRACT Annual Requirements Mailing Services - County Election Commission Quote 4748 Lancaster County Renewal All Needs Computer & Mailing Services Inc.

### **EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:	The Board of County Commissioners of Lancaster, Nebraska	
Deputy Lancaster County Attorney		
	dated	

Client#: 50130 ALLNE

### $ACORD_{\scriptscriptstyle{\! m IM}}$

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/02/2017

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).

continuate notice in near or each origination (c).						
PRODUCER	CONTACT Rebecca Kempston					
INSPRO Insurance	PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-4	183-7977				
P.O. Box 6847	E-MAIL ADDRESS: rkempston@insproins.com					
Lincoln, NE 68506	INSURER(S) AFFORDING COVERAGE					
402 483-4500	INSURER A: The Hartford	22357				
INSURED	INSURER B:					
All Needs Computer & Mailing Services	INSURER C:					
Inc & All Needs Computer Consulting Ser	INSURER D:					
8100 So. 13th St.	INSURER E:					
Lincoln, NE 68512	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 INSR	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENER	RAL LIABILITY	X		91SBARP6704	07/14/2016	07/14/2017		\$1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
									MED EXP (Any one person)	\$10,000
			·						PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUT	OMOBILE LIABILITY				91UECIY8375	07/14/2016	07/14/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X								BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
Α		UMBRELLA LIAB	OCCUR			91SBARP6704	07/14/2016	07/14/2017	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$1,000,000
		DED X RETENTION	on \$ <b>10000</b>							\$
Α		RKERS COMPENSATION	TV		Х	WCV6129925	07/14/2016	07/14/2017	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$500,000	
	(Mandatory in NH)			N/A					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								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)

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission are listed as additionally insured.

CERTIFICATE HOLDER	CANCELLATION
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City of Lincoln and/or Lancaster County and/or City of Lincoln/ Lancaster County Public Building Commission 555 South 10th Street 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** 

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POLICY NUMBER: 91SBARP6704



### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

### **BUSINESS LIABILITY COVERAGE FORM**

### **SCHEDULE**

Name Of Additional Insured Person(s)
Or Organization(s):

Location(s) Of Covered Operations

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section C. Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Form SS 41 70 06 11 Process Date:

Page 1 of 1

**Policy Expiration Date:** 

(Ed. 4-84)

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of Lincoln and/or	Lancaster County	and/or City	of Lincoln/Lancaster	County Public	Building
Commission					

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Accident Fund

WC 00 03 13 (Ed. 4-84)