AMENDMENT TO CONTRACT Annual Supply Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 City of Lincoln and Lancaster County Renewal Sapp Bros Petroleum, Inc.

This Amendment is hereby entered into by and between Sapp Bros Petroleum, Inc., 5901 Cornhusker Hwy., Lincoln, NE 68507 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated April 10, 2015 executed under City Directorial Order No. 12886, and County Contract C-15-0151, dated March 31, 2015 for Annual Supply - Anti-Freeze/Coolants/Windshield Washer Fluid, Bid No. 15-065, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is April 10, 2015 through April 9, 2016, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Directorial Order No. 14768, executed by the City on March 29, 2016, and by County Contract C-16-0157 executed by the County Board on April 5, 2016, to renew the contract for an additional one (1) year term from April 10, 2016 through April 9, 2017; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning April 10, 2017 through April 9, 2018; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$10,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Directorial Order No. 12886 and County Contract C-15-0151, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties wish to renew the Contract for an additional one (1) year term beginning April 10, 2017 through April 9, 2018.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$10,000.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 without approval by the Lancaster County Board.
- 4) All other terms of the Contract, not in conflict with this Amendment, shall remain in 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 City of Lincoln Signature Page Lancaster County Signature Page

Vendor Signature Page

AMENDMENT TO CONTRACT Annual Supply Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 City of Lincoln and Lancaster County Renewal Sapp Bros Petroleum, 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:	SAPP BROS., INC.
By: (Please Sign)	And ENCO
By: (Please Print)	Gary L. PENCE
Title:	SENIOR SALES
Company Address:	5901 CORNHUSKEN HWY LINCOLN NE 6807
Company Phone & Fax:	(402) 466-5522 FAX: 402-466-5529
E-Mail Address:	gpence, Q. sappbros, net
Date:	MARCH 21, 2017
Contact Person for Orders or Service	CARY L. PENCE
Contact Phone Number:	(402) 580-4236

City of Lincoln Signature Page

AMENDMENT TO CONTRACT Annual Supply Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 City of Lincoln and Lancaster County Renewal Sapp Bros Petroleum, Inc.

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

CITY OF LINCOLN, NEBRASKA

City Clerk

Finance Director

Approved by Directorial Order No._____

dated _____

Lancaster County Signature Page

AMENDMENT TO CONTRACT Annual Supply Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 City of Lincoln and Lancaster County Renewal Sapp Bros Petroleum, Inc.

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____



Dear Policyholder,

Thank you for choosing Federated Insurance to handle your insurance and risk management needs. The attached certificate document(s) have been issued or updated.

Please feel free to contact us with any additional changes, additions or deletions that may be needed by contacting the Federated Client Contact Center at:

Phone:1-888-333-4949Fax:507-446-4664E-mail:clientcontactcenter@fedins.com

Thank you for your business!

Client Contact Center

Enclosed: Certificate Document(s)

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 01/18/2017			
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).									
PRO	DUCER				CONTACT NAME: CLIEN	T CONTACT CE	NTED		
	FEDERATED MUTUAL INSURANCE COMPANY				PHONE (A/C, No, Ext): 888-333-4949 (A/C, No): 507-446-4664				
	ME OFFICE: P.O. BOX 328 ATONNA, MN 55060			ľ	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM				
				1	INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935				13935
INSU					INSURER B:				
	PP BROS INC, SBT INC, SAPP BROS T BOX 45305	RAVE	EL CE	NTERS	INSURER C:				
	AHA, NE 68145-0305				INSURER D:				
				F	INSURER E:				
					INSURER F:				
				NUMBER: 509			REVISION NUMBER: 1		
,	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PEI AND CONDITIONS OF SUCH POLICIES. LIM	EQUIRI RTAIN	EMEN [.] 1, THE	T, TERM OR CONDITION O INSURANCE AFFORDED BY 1	OF ANY CONTRAC THE POLICIES DES	T OR OTHER D	OCUMENT WITH RESPE	ст то w	HICH THIS
					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	/ITS	
	X COMMERCIAL GENERAL LIABILITY	INSIX					EACH OCCURRENCE		\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000
							MED EXP (Any one person)		EXCLUDED
A		Y	N	9414748	09/30/2016	09/30/2017	PERSONAL & ADV INJURY		\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$2,000,000
							PRODUCTS - COMP/OP AGG		\$2,000,000
	OTHER:	\vdash	<u> </u>	<u> </u>					
							COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000
ļ	ALL OWNED SCHEDULED			0.111710			BODILY INJURY (Per person)		
A	AUTOS AUTOS NON-OWNED	N	N	9414748	09/30/2016	09/30/2017	BODILY INJURY (Per acciden	ť)	
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB OCCUR	\square	+				EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE	<u>:</u>					AGGREGATE		
	DED RETENTION	1							
	WORKERS COMPENSATION		T				X PER STATUTE OI	rh- R	
Ι,	ANY PROPRIETOR/PARTNER/EXECUTIVE			0414750	00/20/2016	09/30/2017	E.L. EACH ACCIDENT		\$1,000,000
A	OFFICER/MEMBER EXCLUDED?	_N/A	· T	9414750	09/30/2016	09/30/2017	E.L. DISEASE - EA EMPLOYE	E	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	r 📘	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attadh ACORD 101, Additional Remarks Schedule, if more space is required) SEE ATTACHED PAGE									
CERTIFICATE HOLDER CANCELLATION									
AND/OR CITY OF LINCOLN/LANCASTER COUNTY PUBLIC BLDG COMMISSION, 555 S 10TH ST				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	LINCOLN, NE 68508-2803				AUTHORIZED REPRESENTATIVE				

© 1988-2014 ACORD CORPORATION. All rights reserved.

l



AGENCY CUSTOMER ID: 333-016-4

LOC #:

ADDITIONAL	REMAR	RKS SCHEDULE Page	ge <u>1</u> of <u>1</u>
AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED SAPP BROS INC, SBT INC, SAPP BROS TRAVEL CENTE PO BOX 45305	ERS
POLICY NUMBER SEE CERTIFICATE # 509.1		OMAHA, NE 68145-0305	
CARRIER SEE CERTIFICATE # 509.1	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 509.1	
Additional remarks		•	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER:	OF LIABILITY	INSURANCE	
ADDITIONAL NAMED INSUREDS INCLUDE SAPP BROS PETROLEUM, S B FUELS INC			
STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE (S) WY		
CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR LISTED AS ADDITIONALLY INSURED. WORKERS COMPENSATION CONTAINS A WAIVER OF SUBR			IISSION ARE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

 This endorsement, effective on 09-30-2016
 at 12:01 A.M. standard time, forms a part of

 Policy No.
 9414750

 Issued to
 SAPP BROS INC

 Issued by
 FEDERATED MUTUAL INSURANCE COMPANY

 Endorsement No.
 1

Authorized Representative

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 Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

Copyright 1983 National Council on Compensation Insurance.

WC 00 03 13 (04-84)

Issue Date: 01-16-2017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Person(s) Or Organization(s):	DESCRIPTION OF INTEREST IF APPLICABLE:				
CITY OF LINCOLN AND OR LANCASTER COUNTY AND O	ANY COVERAGE PROVIDED BY THIS				
CITY OF LINCOLN LANCASTER COUNTY PUBLIC BLDG	ENDORSEMENT IS LIMITED TO WHILE ON THE				
555 S 10TH ST	PREMISES OF CERTHOLDER DELIVERING ANTI				
LINCOLN NE 68508	FREEZE, COOLANT & WINDOW WASHER				
	FLUID.ADD INTEREST: CITY OF LINCOLN				
	&/OR LANCASTER CO &/OR CITY OF				
	LINCOLN/LANCASTER CO PUBLIC BUILDING				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A. Section II 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 your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

SAPP BROS INC PO BOX 45305 OMAHA NE 68145 B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012 Page 1 of 1 Policy Number: 9414748 Transaction Effective Date: 03-27-2017