

AMENDMENT TO CONTRACT
Annual Requirements
Offset Printing and Related Services
Bid No. 13-301
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal and Additional Line Items
Firespring

This Amendment is hereby entered into by and between Firespring, 1201 Infinity Court, Lincoln, NE 68512 (hereinafter "Contractor") and City of Lincoln, Lancaster County and the City of Lincoln-Lancaster County Public Building Commission, (hereinafter "Owners"), for the purpose of amending the Contract dated December 20, 2013, executed under Resolution No. A-88003, and County Contract C-14-0008, dated January 7, 2014, and executed by the City of Lincoln-Lancaster County Public Building Commission, on January 14, 2014, for Offset Printing and Related Services, Bid No. 13-301, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is January 14, 2014 through January 13, 2017, with the option to renew for two (2) additional one (1) year terms; and

WHEREAS, the parties agree to add line items 7.1 and 7.2, to be quoted by Firespring at time of service; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning January 14, 2017 through January 13, 2018; and

WHEREAS, the estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$165,000.00 without approval by the City of Lincoln; and

WHEREAS, the estimated expenditures for Lancaster County for the term of this renewal shall not exceed \$55,000.00 without approval by the Lancaster County Board; and

WHEREAS, the estimated expenditures for the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$5,000.00 without approval by the Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Resolution No. A-88003, and County Contract C-14-0008 and stated herein the parties agree as follows:

- 1) The parties agree to add line items 7.1 and 7.2, to be quoted by Firespring at time of service.
- 2) The parties wish to renew the Contract for an additional one (1) year term beginning January 14, 2017 through January 13, 2018
- 3) The estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$165,000.00 without approval by the City of Lincoln.
- 4) The estimated expenditures for Lancaster County for the term of this renewal shall not exceed \$55,000.00 without approval by the Lancaster County Board.
- 5) The estimated expenditures for the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$5,000.00 without approval by the Public Building Commission
- 6) 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

City of Lincoln Signature Page

Lancaster County Signature Page

City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

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

Mail to: City/County Purchasing
 Attn: Lori Irons
 440 So. 8th St., Ste. 200
 Lincoln, NE 68508
 Or email to: llirons@lincoln.ne.gov

Company Name:	<i>Firespring</i>
By: (Please Sign)	<i>Dustin Behrens</i>
By: (Please Print)	<i>Dustin Behrens</i>
Title:	<i>CEO</i>
Company Address:	<i>1201 Infinity Court, Lincoln, NE 68512</i>
Company Phone & Fax:	<i>(402) 437-0000</i>
E-Mail Address:	<i>dustin.behrens@firespring.com</i>
Date:	<i>12-14-16</i>
Contact Person for Service or Orders	<i>Patti Wenzel</i>
Contact Phone Number	<i>(402) 437-0121</i>

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
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EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2016

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 UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508		CONTACT NAME: Megan Unvert PHONE (A/C, No, Ext): (402)434-7200 FAX (A/C, No): (402)434-7272 E-MAIL ADDRESS: munvert@unicogroup.com															
INSURED Firespring Print, Inc. 1201 Infinity Ct. Lincoln NE 68512-9340		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: United Fire & Casualty</td> <td>13021</td> </tr> <tr> <td>INSURER B: Accident Fund Insurance Co.</td> <td>10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire & Casualty	13021	INSURER B: Accident Fund Insurance Co.	10166	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER: 16/17 ALL LINES** **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			60434507	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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			60434507	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			60434507	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV6113892	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission are shown as additional insured, with regards to General Liability.

CERTIFICATE HOLDER llirons@lincoln.ne.gov City of Lincoln Lancaster County Lincoln-Lancaster County Public Bldg Comm 555 So. 10th Street Lincoln, NE 68508	CANCELLATION 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 Chad Ideus/MUN
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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:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
City of Lincoln Lancaster County Lincoln-Lancaster County Public Building Commission 555 So. 10th Street Lincoln, NE 68508 Policy #60434507	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Paragraph C. Who Is An Insured under **SECTION II – LIABILITY** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to your liability for "bodily injury", "property damage" or "personal and advertising injury" which may be imputed to that person(s) or organization(s) directly arising out of:

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.

A person's or organization's status as an insured under this endorsement ends when your operations for that insured at that location are completed.

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:

1. 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.

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, LANCASTER
COUNTY, LINCOLN-LANCASTER

COUNTY PUBLIC BLDG
COMMISSION 555 SO
10TH STREET
LINCOLN NE 68508

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.)

Endorsement Effective 07/01/2016 Policy No. WCV 6113892 Endorsement No. 000
Insured FIRESRING PRINT INC Premium \$ 22,772.00

Insurance Company ACCIDENT FUND INS CO OF AMER Countersigned by _____