

**AMENDMENT TO CONTRACT**  
**Annual Service - Auction Services for the**  
**Lincoln Police Department to Dispose of Unclaimed/Abandoned Property**  
**Piggyback City of Lincoln, Bid No. 13-091**  
**Lancaster County**  
**Extension**  
**Jim Peterson Auction Co.**

This Amendment is hereby entered into by and between Jim Peterson Auction Co., 2208 A Street, Lincoln, NE 68502 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated May 24, 2016, executed under County Contract No. C-16-0240, for Auction Services to Dispose of Unclaimed/Abandoned Property, Bid No. 13-091, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is May 28, 2016 through May 27, 2017; and

WHEREAS, the parties wish to extend the Contract for an additional term beginning May 28, 2017 through September 30, 2017; and

WHEREAS, Lancaster County agrees to pay the Auctioneer's Fee in the amount of 10% of gross sales for the term of this extension, not to exceed \$10,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Executive Order No. 86125 and stated herein the parties agree as follows:

- 1) The parties wish to extend the Contract for an additional term beginning May 28, 2017 through September 30, 2017.
- 2) Lancaster County agrees to pay the Auctioneer's Fee in the amount of 10% of gross sales for the term of this extension, not to exceed \$10,000.00 without approval by the Lancaster County Board.
- 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  
City Signature Page

**Vendor Signature Page**

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**Bid No. 13-091**  
**Lancaster County**  
**Extension**  
**Jim Peterson Auction Co.**

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:	Jim Peterson Auction Co.
By: (Please Sign)	<i>James L. Peterson</i>
By: (Please Print)	JAMES L. PETERSON
Title:	OWNER
Company Address:	2708 A St. Lincoln NE 68502
Company Phone & Fax:	402 430-4052 (mobile)
E-Mail Address:	coljimpeterson@attmail.com
Date:	4-10-17
Contact Person for: "Orders or Service"	Jim Peterson
Contact Phone Number:	402 430-4052

**Lancaster County Signature Page**

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Lancaster County  
Extension  
Jim Peterson Auction Co.**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

\_\_\_\_\_  
Deputy Lancaster County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

dated \_\_\_\_\_

# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

JAMES LYNN PETERSON

(first, middle, last)

SIGNATURE

James L. Peterson

DATE

April 10, 2017



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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 Coppie Insurance Agency, Inc. P.O. Box 83405 Lincoln, NE 68501- Darryl A. Johansen, CPCU, ARM	CONTACT NAME: <b>D. Arnie Johansen, CPCU, ARM</b>
	PHONE (A/C, No, Ext): <b>402-475-3213</b> FAX (A/C, No): <b>402-475-6842</b>
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
INSURED <b>Jim Peterson Auction Co.</b> <b>2208 "A" Street</b> <b>Lincoln, NE 68502</b>	INSURER A: <b>Cincinnati Insurance Company</b> <b>10677</b>
	INSURER B: <b>Markel Service, Inc.</b> <b>27626</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 INSP	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>		<b>ENP0148835</b>	<b>09/01/2016</b>	<b>09/01/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ <b>5,000</b>
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						GENERAL AGGREGATE \$ <b>2,000,000</b>
	DED RETENTION \$						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/>	Y / N	<b>MWC0101645</b>	<b>10/06/2016</b>	<b>10/06/2017</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						N / A
							E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

The City of Lincoln and Lancaster County are named as additional insureds in regards to General Liability coverage.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>CITYLIN</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
<b>City of Lincoln and/or Lancaster County</b> 555 South 10th Street Lincoln, NE 68508	AUTHORIZED REPRESENTATIVE 

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:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

Name of Additional Insured Person(s) or Organization(s):	Location(s) of Covered Operations
CITY OF LINCOLN	ANY LOCATION AT WHICH WORK OR OPERATIONS ARE PERFORMED BY YOU OR ON YOUR BEHALF
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:

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:

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.

**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 Person or Organization:**

**LANCASTER COUNTY  
555 S 10TH ST  
LINCOLN, NE 68508-2803**

**A. SECTION II - WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of your operations or premises owned by or rented to you.

**B. The following exclusion is added to SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions and SECTION I - COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions:**

The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence or willful misconduct of, or for defects in design furnished by, the additional insured or its "employees".

**C. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance** is amended to include:

Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:

- a. As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance**; or
- b. For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.



# The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

## COMMON POLICY DECLARATIONS

Billing Method: AGENCY BILL

POLICY NUMBER ENP 014 88 35

NAMED INSURED JIM PETERSON AUCTION CO

2208 A ST

ADDRESS

LINCOLN, NE 68502-1722

(Number & Street,

Town, County,

State & Zip Code)

Previous Policy Number:

ENP0148835

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: ENP 014 88 35

FROM: 09-01-2015

TO: 09-01-2018

Automobile and / or Garage

Policy number:

FROM:

TO:

Agency COPPLE INSURANCE AGENCY, INC. 26-014

City LINCOLN, NE

Legal Entity / Business Description

INDIVIDUAL

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

IL0017 11/98 COMMON POLICY CONDITIONS

IA102A 09/08 SUMMARY OF PREMIUMS CHARGED

IA904 04/04 SCHEDULE OF LOCATIONS

IA4190 10/02 NOTICE TO POLICYHOLDERS EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS (EIFS) AND DIRECT-APPLIED EXTERIOR FINISH SYSTEMS (DEFS)

IP446 08/01 NOTICE TO POLICYHOLDERS

IA319 01/15 EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM

IA4113NE 04/09 NEBRASKA CHANGES - CANCELLATION AND NONRENEWAL

IA4338 05/11 SIGNATURE ENDORSEMENT

IA4442 05/14 NOTICE TO POLICYHOLDERS - EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY

GA532 07/08 COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

07-18-2015 06:37

Countersigned \_\_\_\_\_

(Date)

By \_\_\_\_\_

(Authorized Representative)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## GENERAL CHANGE ENDORSEMENT

Attached to and forming part of:

Auto / Garage  
Policy Number

All Other  
Policy Number ENP 014 88 35

Effective Date  
of Endorsement 05-18-2016

Issued to JIM PETERSON AUCTION CO  
Agent COPPLE INSURANCE AGENCY, INC. 26-014  
LINCOLN, NE

Endorsement # 1

### PREMIUM INFORMATION

Additional Premium Due at Endorsement Effective Date

Subsequent Annual Installments Increased by

\$

Revised Annual Installment Payment(s)

\$

It is agreed that the policy is amended as indicated by

Policy Installment Premium Amended to:

Annual

Semi-Annual

Quarterly

Named Insured

Mailing Address

Form(s) Added

GA4084 10/01

ADDITIONAL INSURED - DESIGNATED PERSON OR  
ORGANIZATION

Form(s) Deleted

### All Other Reason for Change

AMENDING GA532 TO INCLUDE 29954 PER REVISED

### Auto / Garage Reason for Change

06-19-2016 18:17

IA 4329 12 09

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# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: ENP 014 88 35

Named Insured is the same as it appears in the Common Policy Declarations

### LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 1,000,000	
GENERAL AGGREGATE LIMIT	\$ 2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT		ANY ONE PREMISES
\$100,000 limit unless otherwise indicated herein:	\$	
MEDICAL EXPENSE LIMIT		ANY ONE PERSON
\$5,000 limit unless otherwise indicated herein:	\$	

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Products / Completed Operations	All Other	Products / Completed Operations	All Other
LOC. 1 - NE AUCTIONEERS INCL PROD AND/OR COMP OP	91177	B22,500				
ADDITIONAL INSUREDS	29954					
ADDITIONAL INSUREDS - OWNER, LESSEE, CONTRACTOR	29963					
PREMIUM TO MEET COVERAGE PART MINIMUM						

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ 570

### FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

GA101	12/04	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2010	07/04	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG2116	07/98	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES
GA3024	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
GA340	10/01	EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
GA354	10/01	TOTAL POLLUTANT EXCLUSION ENDORSEMENT
GA369	11/02	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS ("EIFS") AND DIRECT-APPLIED EXTERIOR FINISH SYSTEMS ("DEFS") - BROAD FORM FUNGI OR BACTERIA EXCLUSION
GA382	03/02	

GA 532 07 08

ENP 014 88 35

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FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

GA4084 10/01

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

GA4250 11/05

MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE INSURANCE LAWS

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