

AMENDMENT TO CONTRACT
Annual Service
Noxious Weed Control - Spraying/Mowing
Bid No. 15-087
Lancaster County
Renewal
Beatrice Lawn Care, Inc.

This Amendment is hereby entered into by and between Beatrice Lawn Care, Inc., 1401 Paddock Lane, Beatrice, NE 68310 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated May 19, 2015, under County Contract No. C-15-0215, for Annual Service - Noxious Weed Control - Spraying/Mowing, Bid No. 15-087, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is May 19, 2015 through May 18, 2016, 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 No. C-16-0208 on May 10, 2016, to renew the contract for an additional one (1) year term from May 19, 2016 through May 18, 2017; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning May 19, 2017 through May 18, 2018; and

WHEREAS, the expenditures for Lancaster County Weed Control Authority for the term of this renewal shall not exceed \$10,000.00 without approval by the Lancaster County Board of Commissioners; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-15-0215, and stated herein the parties agree as follows:

- 1) The parties wish to renew the Contract for an additional one (1) year term beginning May 19, 2017 through May 18, 2018.
- 2) The expenditures for Lancaster County Weed Control Authority for the term of this renewal shall not exceed \$10,000.00 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


Revised 6/8/15

Vendor Signature Page

AMENDMENT TO CONTRACT
Annual Service
Noxious Weed Control - Spraying/Mowing
Bid No. 15-087
Lancaster County
Renewal
Beatrice Lawn Care, 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:	Beatrice Lawn Care, Inc
By: (Please Sign)	
By: (Please Print)	Joe Armstrong
Title:	President
Company Address:	1401 Paddock W, Beatrice, NE 68710
Company Phone & Fax:	(402) 239-9930
E-Mail Address:	joe2106@hotmail.com
Date:	4/25/17
Contact Person for: Service or Orders"	Joe Armstrong
Contact Phone Number:	(402) 239-9930

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
Annual Service
Noxious Weed Control - Spraying/Mowing
Bid No. 15-087
Lancaster County
Renewal
Beatrice Lawn Care, Inc.**

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)
05/01/2017

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 have ADDITIONAL INSURED provisions or 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 Security First Insurance - Beatrice 2301 N 6th BEATRICE NE 68310	CONTACT NAME: Nora Zimmerman
	PHONE (A/C, No, Ext): 402 223 4058 FAX (A/C, No): 402 228 9270 E-MAIL ADDRESS: nzimmerman@security1stbank.com
INSURED BEATRICE LAWN CARE, INC ARMSTRONG RENTALS LLC 1401 PADDOCK LN BEATRICE NE 68310-2106	INSURER(S) AFFORDING COVERAGE INSURER A : EMPLOYERS MUTUAL INS CO NAIC # 21415
	INSURER B : MARKEL
	INSURER C :
	INSURER D :
	INSURER E :

COVERAGES CERTIFICATE NUMBER: 20170501143612234 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	4D13506	05/05/2017	05/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 2,000,000 Fire Damage \$ 300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	4E13506	05/05/2017	05/05/2018	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	4J13506	05/05/2017	05/05/2018	EACH OCCURRENCE \$ 1,000,000 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	N/A	Y	MWC0096066-01	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 CITY OF Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission 555 south 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: <i>Nora Zimmerman</i>



EMC PROPERTY & CASUALTY COMPANY

POLICY NUMBER: 4D1-35-06---18

BEATRICE LAWN CARE, INC.

EFF DATE: 05/05/17

EXP DATE: 05/05/18

GENERAL LIABILITY POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
CG0300	01-96	DEDUCTIBLE LIABILITY INSURANCE	
CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CG2293	04-13	LAWN CARE SERVICES COVERAGE	
CG2404	05-09	---WAIVER/TRANSFER RIGHTS OF RECOVER NAME OF PERSON OR ORGANIZATION: L-CON, INC. CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR CITY OF LINCOLN/ LANCASTER COUNTY PUBLIC BUILDING COMMISSION	
CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
CG7191	08-14	GENERAL LIAB ESSENTIAL EXTENSION	
CG7193.1	10-13	AI-OWN/LESS/CONTR - INCL COMP OPS NAME: SMS ASSIST, LLC & FAMILY DOLLAR NAME: NEBCO NAME: L-CON, INC. NAME: CITY OF LINCOLN AND/OR LANCASTER CO AND/OR CITY OF LINCOLN/LANCASTER CO PUB BG COM	
CG7429	11-98	AMEND - AGGREGATE LIMIT PER PROJECT	
CG7501	10-13	AI-DESIG PERSON/ORGAN-VICAR LIAB NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. BANK OF THE WEST LINCOLN ELECTRIC SYSTEM WRK REAL ESTATE, LLC	
IL0021	05-02	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
IL0259	09-07	NE CHANGES - CANCELLATION/NONRENEWAL	
IL7028	05-15	ASBESTOS EXCLUSION	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	

DATE OF ISSUE: 04/10/17

(CONTINUED)

FORM: IL7131A (ED. 04-01)

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4D13506 1801

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.

Subrogant Information	Schedule		Payroll
	Class Code	Description	
City of Lincoln Lancaster County 555 SOUTH 10TH LINCOLN NE 68508	9102	Lawn - Maintenance-Commercial Or Domestic & Drivers	\$45,000.00

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 03/23/2017 Policy No. MWC0096066-01 Endorsement No.

Insured: BEATRICE LAWN CARE, INC. Premium (See Attached)

Insurance Company: Markel Insurance Company Countersigned by _____

WC000313
Ed. 4-84
© 1983 National Council on Compensation Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
INCLUDING COMPLETED OPERATIONS –
PRIMARY AND NONCONTRIBUTORY**

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster</p> <p>Project: County Public Building</p> <p>Location Of Project: Lincoln</p>
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 arising out of "your work" performed for that additional insured by or for you at the location designated and described in the Schedule of this endorsement.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. 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.

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

2. 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.

C. The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary and Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2017

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 have ADDITIONAL INSURED provisions or 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).

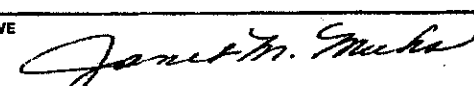
PRODUCER	Security First Insurance - Beatrice 2301 N 6th BEATRICE NE 68310	CONTACT NAME: Nora Zimmerman	PHONE (A/C, No, Ext): 402 223 4058	FAX (A/C, No): 402 228 9270
		E-MAIL ADDRESS: nzimmerman@security1stbank.com		
INSURED	BEATRICE LAWN CARE, INC ARMSTRONG RENTALS LLC 1401 PADDOCK LN BEATRICE NE 68310-2106	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: EMPLOYERS MUTUAL INS CO		21415
		INSURER B: FIRST COMP UNDERWRITERS		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES CERTIFICATE NUMBER: 20170407150751210 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 SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	4E1-35-06-12	05/05/2016	05/05/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Fire Damage \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	4E1-35-06-12	05/05/2016	05/05/2017	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y Y	4D13506	05/05/2016	05/05/2017	EACH OCCURRENCE \$ 1,000,000 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	MWC0096066-01	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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
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 

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.

Subrogant Information	Schedule		Payroll
	Class Code	Description	
City of Lincoln Lancaster County 555 SOUTH 10TH LINCOLN NE 68508	9102	Lawn - Maintenance-Commercial Or Domestic & Drivers	\$45,000.00

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 03/23/2017 Policy No. MWC0096066-01 Endorsement No.
Insured: BEATRICE LAWN CARE, INC. Premium (See Attached)

Insurance Company: Markel Insurance Company Countersigned by _____

WC000313
Ed. 4-84
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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 4D1-35-06---17

BEATRICE LAWN CARE, INC.

EFF DATE: 04/06/17

EXP DATE: 05/05/17

GENERAL LIABILITY POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
CG0300	01-96	DEDUCTIBLE LIABILITY INSURANCE	
CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CG2293	04-13	LAWN CARE SERVICES COVERAGE	
CG2404	05-09	---WAIVER/TRANSFER RIGHTS OF RECOVER NAME OF PERSON OR ORGANIZATION: L-CON, INC. CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR CITY OF LINCOLN/ LANCASTER COUNTY PUBLIC BUILDING COMMISSION	
CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
CG7191	08-14	GENERAL LIAB ESSENTIAL EXTENSION	
CG7193.1	10-13	AI-OWN/LESS/CONTR - INCL COMP OPS NAME: SMS ASSIST, LLC & FAMILY DOLLAR NAME: NEBCO NAME: L-CON, INC.	
CG7429	11-98	AMEND - AGGREGATE LIMIT PER PROJECT	
CG7501	10-13	AI-DESIG PERSON/ORGAN-VICAR LIAB NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. CITY OF LINCOLN BANK OF THE WEST LINCOLN ELECTRIC SYSTEM WRK REAL ESTATE, LLC	
IL0021	05-02	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
IL0259	09-07	NE CHANGES - CANCELLATION/NONRENEWAL	
IL7028	05-15	ASBESTOS EXCLUSION	
IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7338	05-15	NOTICE OF CANC PROV BY US DESIGNATED NAME OF ENTITY: L-CON, INC.	

DATE OF ISSUE: 04/07/17

(CONTINUED)

FORM: IL7131A (ED. 04-01)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
INCLUDING COMPLETED OPERATIONS –
PRIMARY AND NONCONTRIBUTORY**

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster</p> <p>Project: County Public Building</p> <p>Location Of Project: Lincoln</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
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- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.