

AMENDMENT TO CONTRACT
Supply and Installation of Free Standing Modular
Laminate Case Goods Furniture and Accessories - 605 Building
Bid No. 16-303
Lancaster County
Additional Services with Extension
Office Interiors & Design, Inc.

C-17-0372

This Amendment is hereby entered into by and between Office Interiors & Design, Inc., 121 Cherry Hill Blvd., Lincoln, NE 68510 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated February 21, 2017, executed under County Contract No. C-17-0161, for Supply and Installation of Free Standing Modular Laminate Case Goods Furniture and Accessories - 605 Building, Bid No. 16-303, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is February 21, 2017 through April 21, 2017; and

WHEREAS, the parties hereby extend the Contract beginning April 22, 2017 through July 14, 2017; and

WHEREAS, the parties hereby amend the contract to add additional items and services, per Attachment A; and

WHEREAS, the expenditure for these additional items and services is \$12,947.28 for the term of this extension and shall not exceed this amount without prior approval by the Lancaster County Board of Commissioners; and

WHEREAS, the revised contract total with the additional items and services is \$711,592.79; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the County Contract No. C-17-0161 and stated herein the parties agree as follows:

- 1) The parties hereby extend the Contract beginning April 22, 2017 through July 14, 2017.
- 2) The parties hereby amend the contract to add additional items and services, per Attachment A.
- 3) The expenditure for these additional items and services is \$12,947.28 for the term of this extension and shall not exceed this amount without prior approval by the Lancaster County Board of Commissioners.
- 4) The revised contract total with the additional items and services is \$711,592.79.
- 4) 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
Supply and Installation of Free Standing Modular
Laminate Case Goods Furniture and Accessories - 605 Building
Bid No. 16-303
Lancaster County
Additional Services with Extension
Office Interiors & Design, Inc.

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

Mail to: City/County Purchasing
Attn: Brianne Crooks
440 So. 8th Street, Suite 200
Lincoln, NE 68508
Or email to: bcrooks@lincoln.ne.gov

Company Name:	OFFICE Interiors & Design
By: (Please Sign)	Nancy Kraft
By: (Please Print)	Nancy Kraft
Title:	Director of workplace solutions
Company Address:	121 Cherry Hill Blvd
Company Phone & Fax:	402 484 7500
E-Mail Address:	nancy.kraft@oidinc.com
Date:	5/23/17
Contact Person for: Orders or Service	Nancy Kraft
Contact Phone Number:	402 730 7262

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
Supply and Installation of Free Standing Modular
Laminate Case Goods Furniture and Accessories - 605 Building
Bid No. 16-303
Lancaster County
Additional Services with Extension
Office Interiors & Design, Inc.**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____



May 22, 2017

Robert Walla
City of Lincoln Purchasing
440 S. 8th St., Suite 200
Lincoln, NE 68508

Dear Bob,

Here is the revised listing of additional items requested as a change order:

Sheriff & Police Forensics

\$337.00 Open Laminate Bookcase 72" x 36" x 15"

\$339.66 Storage Cabinet w/Lock & Top 28" x 36" x 24"

\$142.00 Labor for Grommets in Workstation for Accessibility to Technology—this has been completed

Adult Probation

\$213.00 Labor for Grommets in Reception Desk 1st Floor & Lower Level (drug test)---this has been completed

\$289.20 For replacement receptacles for 1st Floor Cubicles (per CE) and Labor to Switch Out—this has been completed

\$898.00 for 2 Stools for Drug Testing

\$4388.10 Community Corrections & Adult Probation drug testing area workstations

County Attorney

\$2995.00 Five Additional Datum Filing Units Needed for Paralegals, Includes Labor to Receive & Install & Freight

\$1707.44 Additional Teknion Leverage to Power Panels in 3 Workstations, Includes Labor to Install

\$640.44 Two Tables for Interview Rooms, Includes Labor to Install

Juvenile Probation

\$812.44 Two Additional Combo Files are Needed for Workstations

\$110.00 Keys & Cores

\$75.00 Labor to re-key & install pedestals

Sincerely,

Nancy Kraft
Director of Workplace Solutions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/14/2017

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 INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500	CONTACT NAME: Shane Elwood
	PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-483-7977 E-MAIL ADDRESS: selwood@insproins.com
INSURED Office Interiors and Design, Inc. 121 Cherry Hill Blvd. Lincoln , NE 68510	INSURER(S) AFFORDING COVERAGE INSURER A : QBE Insurance Corporation
	INSURER B : Guarantee Insurance Company
	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 INSR	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	CFB0688134	06/23/2016	06/23/2017	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CBA0688131	06/23/2016	06/23/2017	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			CCU0688132	06/23/2016	06/23/2017	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WCP101275901GIC	06/23/2016	06/23/2017	<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, Nebraska; Lancaster County, Nebraska; Lincoln-Lancaster County Public Building Commission
 are named as Additional Insured in regards to the general liability coverage.

CERTIFICATE HOLDER 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 
---	--

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 and Lancaster County and City of Lincoln/Lancaster County Public Building Commission	Multiple locations for The City of Lincoln/Lancaster County
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.

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 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.

C. 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.

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 Lancaster County and 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.)

Endorsement Insured Office Interiors & Design, Inc
Insurance Company QBE

Effective Policy No.
WCP101275901GIC

Endorsement No.
Premium

Countersigned by 