

**AMENDMENT TO CONTRACT**  
**Annual Requirements**  
**City/County Blood Chemistry Profile**  
**Quote No. 4760**  
**City of Lincoln and Lancaster County**  
**Contract Assignment**  
**Nebraska LabLinc to LabCorp**

This Amendment is hereby entered into by and between Nebraska LabLinc, 5440 South Street, Lincoln, NE 68506 (hereinafter "Nebraska LabLinc") and Laboratory Corporation of America Holdings, 5440 South Street, Lincoln, NE 68506 (hereinafter "LabCorp") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated April 30, 2014 executed under City Resolution No. A-88219, and County Contract C-14-0234, dated May 13, 2014 for Annual Requirements - City/County Blood Chemistry Profile, Quote No. 4760, which is made a part of this amendment by this reference.

WHEREAS, Nebraska LabLinc hereby rescinds its rights and obligations to the above mentioned Contract and assigns its rights and obligations under the Contract to LabCorp upon execution of this Amendment through the remainder of the current term, May 12, 2018, per Attachment A; and

WHEREAS, LabCorp hereby accepts the assignment of Nebraska LabLinc rights and obligations under the Contract upon execution of this Amendment through the remainder of the current term, May 12, 2018, which is hereby incorporated herein by this reference; and

WHEREAS, the City of Lincoln hereby acknowledges and permits Nebraska LabLinc assignment of its rights and obligations under the Contract to LabCorp; and

WHEREAS, Lancaster County hereby acknowledges and permits Nebraska LabLinc assignment of its rights and obligations under the Contract to LabCorp; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract mentioned above, and stated herein the parties agree as follows:

- 1) Nebraska LabLinc hereby rescinds its rights and obligations to the above mentioned Contract and assigns its rights and obligations under the Contract to LabCorp upon execution of this Amendment through the remainder of the current term, May 12, 2018, per Attachment A.
- 2) LabCorp hereby accepts the assignment of Nebraska LabLinc rights and obligations under the Contract upon execution of this Amendment through the remainder of the current term, May 12, 2018, which is hereby incorporated herein by this reference.
- 3) The City of Lincoln hereby acknowledges and permits Nebraska LabLinc assignment of its rights and obligations under the Contract to LabCorp.
- 4) Lancaster County hereby acknowledges and permits Nebraska LabLinc assignment of its rights and obligations under the Contract to LabCorp.
- 5) 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

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Nebraska LabLinc to LabCorp

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:	Nebraska LabLinc, LLC
By: (Please Sign)	
By: (Please Print)	BOB NELSON
Title:	SVP
Company Address:	5440 SOUTH STREET, LINCOLN NE 68506
Company Phone & Fax:	T: 402-416-1231 F: 402-465-1972
E-Mail Address:	GOLDEAI @ LABCORP . COM
Date:	5/17/17
Contact Person for Orders or Service	ANTOINETTE GOLDENSTEIN
Contact Phone Number:	402-416-1231

## Vendor Signature Page

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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:	Laboratory Corporation of America Holdings
By: (Please Sign)	
By: (Please Print)	BOB NELSON.
Title:	SVP
Company Address:	7777 FOREST LANE, C-330, DALLAS TX 75230
Company Phone & Fax:	972-598-600, 972-598-6956
E-Mail Address:	GOLDEAJ@LABCORP.COM.
Date:	5/17/17
Contact Person for Orders or Service:	ANTOINETTE GOLDENSTEIN
Contact Phone Number:	402-416-1231

**City of Lincoln Signature Page**

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**EXECUTION BY THE CITY OF LINCOLN, NEBRASKA**

ATTEST:

CITY OF LINCOLN, NEBRASKA

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Personnel Director

Approved by Directorial Order No. \_\_\_\_\_

dated \_\_\_\_\_

**Lancaster County Signature Page**

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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 \_\_\_\_\_



May 2, 2016

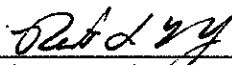
Laboratory Corporation of America <sup>TM</sup> Holdings  
358 South Main Street  
Burlington, NC 27216


Re: Letter of Authorization

To Whom It May Concern:

Laboratory Corporation of America Holdings (LabCorp) has acquired select assets of Nebraska LabLinc, LLC (Nebraska LabLinc) from Laboratory Holdings, Inc. This letter authorizes all Nebraska LabLinc vendors to communicate with LabCorp regarding any Nebraska LabLinc accounts, contracts, invoices, purchase orders, charges or changes. If you have any questions about this letter, please call Carrie Philp, Director of Special Projects, at (713) 882-8549.

Thank you,

  
\_\_\_\_\_  
Robert L. Nelson  
Senior Vice President  
Laboratory Corporation of America Holdings

  
\_\_\_\_\_  
Deborah K. Davidson  
President  
Laboratory Holdings, Inc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/03/2017

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Laboratory Corporation of America Holdings & Subsidiaries 531 S Spring Street Burlington NC 27215 USA	<b>INSURER A:</b> ACE American Insurance Company      22667	
	<b>INSURER B:</b> ACE Fire Underwriters Insurance Co.      20702	
	<b>INSURER C:</b> Indemnity Insurance Co of North America      43575	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570066690738**      **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. **Limits shown are as requested**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC OTHER:			HDOG27859835	11/01/2016	11/01/2017	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H0905022A	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC49105940	11/01/2016	11/01/2017	<input checked="" type="checkbox"/> PER STATUTE	OTHER
A				WLRC49105927	11/01/2016	11/01/2017	E.L. EACH ACCIDENT	\$1,000,000
B				SCFC49105939	11/01/2016	11/01/2017	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

Certificate No : 570066690738

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Blood Chemistry Profile, Quote No. 4760. City of Lincoln and Lancaster County are included as Additional Insured on the General Liability policy as their interest may appear but only as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lincoln Lancaster County 555 So. 10th Street Lincoln NE 68508 USA	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>AUTHORIZED REPRESENTATIVE</b>  

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## BLANKET ADDITIONAL INSURED

Named Insured Laboratory Corporation of America Holdings			Endorsement Number 122
Policy Symbol HDO	Policy Number G27859835	Policy Period 11/01/2016 to 11/01/2017	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

#### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

It is agreed that Section II - Who is an Insured is amended to include any person, organization, trustee, estate or governmental entity to whom or to which the Named Insured is obligated, by virtue of a written or oral contract or by the issuance or existence of a permit, to provide insurance such as is afforded by this policy, but only with respect to operations performed by or on behalf of the Named Insured or to facilities used by the Named Insured and then only for the limits of liability specified in such contract, but in no event for limits of liability in excess of the applicable limits of liability of this policy; provided that such person, organization, trustee, estate or governmental entity shall be an insured only with respect to occurrences taking place after such written or oral contract has been executed or such permit has been issued.

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Authorized Agent