

**AMENDMENT TO CONTRACT**  
**Annual Supply**  
**Tires, Tubes and Tire Repair Services**  
**Bid No. 13-175**  
**City of Lincoln and Lancaster County**  
**Extension**  
**Cross-Dillon Tire**

C-17-0579

This Amendment is hereby entered into by and between Cross-Dillon Tire, PO Box 81208, Lincoln, NE 68528 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated July 25, 2013 executed under City Executive Order No. 86307, and County Contract C-13-0379, dated August 6, 2013 for Annual Supply - Tires, Tubes and Tire Repair Services, Bid No. 13-175 which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is August 1, 2013 through July 31, 2014, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Executive Order No. 87428, executed by the City on August 18, 2014, and by County Contract C-14-0381 executed by the County Board on July 29, 2014, to renew the contract for an additional one (1) year term from August 6, 2014 through August 5, 2015;

WHEREAS, the Contract was amended by City Executive Order No. 88557, executed by the City on August 26, 2015, and by County Contract C-15-0460 executed by the County Board on September 8, 2015, to renew the contract for an additional one (1) year term from August 6, 2015 through August 5, 2016;

WHEREAS, the Contract was amended by City Executive Order No. 89768, executed by the City on September 7, 2016, and by County Contract C-16-0503 executed by the County Board on August 30, 2016, to renew the contract for an additional term from August 6, 2016 through July 31, 2017;

WHEREAS, the parties hereby extend the Contract for an additional ninety (90) day term beginning August 1, 2017 through October 31, 2017; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$50,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$20,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City E.O. 86307 and County Contract C-13-0379, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties hereby extend the Contract for an additional ninety (90) day term beginning August 1, 2017 through October 31, 2017.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$50,000.00 without approval by the City of Lincoln.

- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$20,000.00 without approval by the Lancaster County Board.
- 4) 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

**AMENDMENT TO CONTRACT**  
**Annual Supply**  
**Tires, Tubes and Tire Repair Services**  
**Bid No. 13-175**  
**City of Lincoln and Lancaster County**  
**Extension**  
**Cross-Dillon Tire**

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:	Cross Dillon Tire
By: (Please Sign)	
By: (Please Print)	Josh Gregg
Title:	DIRECTOR OF SALES
Company Address:	4101 WEST O STREET
Company Phone & Fax:	402-438-3550 / 402-438-3503
E-Mail Address:	jgregg@crossdillon.com
Date:	7/17/17
Contact Person for Orders or Service	COUNTER SALES
Contact Phone Number:	402-438-3550

## City of Lincoln Signature Page

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**AMENDMENT TO CONTRACT  
Annual Supply  
Tires, Tubes and Tire Repair Services  
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City of Lincoln and Lancaster County  
Extension  
Cross-Dillon Tire**

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

ATTEST:

CITY OF LINCOLN, NEBRASKA

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

\_\_\_\_\_  
Chris Beutler, Mayor

Approved by Executive Order No. \_\_\_\_\_

dated \_\_\_\_\_

**Lancaster County Signature Page**

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**AMENDMENT TO CONTRACT  
Annual Supply  
Tires, Tubes and Tire Repair Services  
Bid No. 13-175  
City of Lincoln and Lancaster County  
Extension  
Cross-Dillon Tire**

**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)

7/18/2017

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).

<b>PRODUCER</b> UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508	<b>CONTACT NAME:</b> Megan Unvert <b>PHONE (A/C, No, Ext):</b> (402) 434-7200 <b>E-MAIL ADDRESS:</b> munvert@unicogroup.com		<b>FAX (A/C, No):</b> (402) 434-7272																				
	<b>INSURED</b> Dillon Tire Inc, DBA: Cross-Dillon Tire Inc 4101 West O Street P.O. Box 81208 Lincoln NE 68528		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Cincinnati Specialty Und Ins. Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER C:</td> <td>Accident Fund Insurance Co.</td> <td>10166</td> </tr> <tr> <td>INSURER D:</td> <td>Cincinnati Casualty Co.</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>Scottsdale Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Cincinnati Specialty Und Ins. Co		INSURER B:	Acadia Insurance Company	31325	INSURER C:	Accident Fund Insurance Co.	10166	INSURER D:	Cincinnati Casualty Co.		INSURER E:	Scottsdale Insurance Co.		INSURER F:	
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INSURER F:																							

**COVERAGES**      **CERTIFICATE NUMBER:** 17/18 revGL/BA/UMB/WC      **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 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:		CSU0097067	4/1/2017	4/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ 2,000,000 General Aggregate other than \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPA3127555	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 1,000,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CSU0097431	4/1/2017	4/1/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	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	WCV6125599	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Liability		EXS0431063	4/1/2017	4/1/2018	Each Occurrence 2,000,000 Aggregate 2,000,000

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

E: Retread Operations

Scottsdale GL Operations: CPS2418220 04/01/2017-04/01/2018 \$1,000,000/\$1,000,000

Scottsdale Excess: CXS0008934 04/01/2017 - 04/01/2018 \$5,000,000/\$5,000,000

**CERTIFICATE HOLDER****CANCELLATION**

City of Lincoln  
 Lancaster County  
 555 So 10th St.  
 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

Edward Packard/MUN

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## COMMENTS/REMARKS

City of Lincoln and Lancaster County are listed as additional insured with regards to General Liability if required by written contract.

## Additional Named Insureds

Other Named Insureds

Cross-Dillon Tire Inc

Doing Business As



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

**GARAGEKEEPERS COVERAGE – LEGAL LIABILITY ONLY**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement. Coverage provided by this endorsement applies ONLY for those sums the "insured" is legally obligated to pay as damages as described in paragraph B. Coverage.

**SCHEDULE**

Location Number	Address Where You Conduct Garage Operations (Main Location)	
01	4101 West O Street, Lincoln, NE 68528	
08	10863 140 <sup>th</sup> Street, Davenport, IA 52804	
09	3541 NW 15 <sup>th</sup> Street, Lincoln, NE 68521	
10	2250 Delaware Avenue, Des Moines, IA 50317	
Coverages	Limit of Insurance and Deductible	Premium
<b>Specified Causes of Loss</b>	\$ Minus \$ Deductible for Each Customer's Auto.	\$
<b>Comprehensive</b>	\$ 150,000 Minus \$ 1,000 Deductible for All Perils Subject to \$ 2,500 Maximum Deductible for All Such Loss In Any One Event.	\$ INCL
<b>Collision</b>	\$ 150,000 Minus \$ 1,000 Deductible for Each Customer's Auto.	\$ INCL

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. This endorsement provides only those coverages:

1. Where a Limit of Insurance and a premium are shown for that coverage in the Schedule; and
2. For the location shown in the Schedule.

**B. Coverage**

1. We will pay all sums the "insured" legally must pay as damages for "loss" to a "customer's auto" or "customer's auto" equipment left in the "insured's" care while the "insured" is attending, servicing,

repairing, parking or storing it in your "garage operations" under:

- a. Comprehensive Coverage. From any cause except:
  - (1) The "customer's auto's" collision with another object; or
  - (2) The "customer's auto's" overturn.
- b. Specified Causes of Loss Coverage. Caused by:
  - (1) Fire, lightning or explosion;
  - (2) Theft; or

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- (3) Mischief or vandalism.
- c. Collision Coverage. Caused by:
  - (1) The "customer's auto's" collision with another object; or
  - (2) The "customer's auto's" overturn.
- 2. We will have the right and duty to defend any "insured" against a "suit" asking for these damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

**3. Who is an Insured**

The following are "insureds" for "loss" to "customer's autos" and "customer's auto" equipment:

- a. You.
- b. Your partners (if you are a partnership), or members (if you are a limited liability company), employees, directors or shareholders while acting within the scope of their duties as such.

**4. Coverage Extensions**

The following applies as Supplementary Payments we will pay for the "insured":

- a. All expenses we incur.
- b. The cost of bonds to release attachments in any "suit" against an "insured" we defend, but only for bond amounts within our Limit of Insurance.
- c. All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- d. All costs taxed against the "insured" in any "suit" against an "insured" we defend.
- e. All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against an "insured" we defend; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

**C. For the purposes of coverage provided by this endorsement, the following Exclusions apply.**

1. This insurance does not apply to any of the following:

**a. Contractual Obligations**

Liability resulting from any contract or agreement by which the "insured" accepts responsibility for "loss". But this exclusion does not apply to liability for "loss" that the "insured" would have in the absence of the contract or agreement.

**b. Theft**

"Loss" due to theft or conversion caused in any way by you, your "employees" or by your shareholders.

**c. Defective Parts**

Defective parts or materials.

**d. Faulty Work**

Faulty "work you performed".

2. We will not pay for "loss" to any of the following:

a. Tape decks or other sound reproducing equipment unless permanently installed in a "customer's auto".

b. Tapes, records or other sound reproducing devices designed for use with sound reproducing equipment.

c. Sound receiving equipment designed for use as a citizens' band radio, two-way mobile radio or telephone or scanning monitor receiver, including its antennas and other accessories, unless permanently installed in the dash or console opening normally used by the "customer's auto" manufacturer for the installation of a radio.

d. Any device designed or used to detect speed measurement equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed measurement equipment.

3. We will not pay for "loss" caused by or resulting from the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss":

a. War, including undeclared or civil war;

b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government,

- sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- D. For the purposes of coverage provided by this endorsement, the limit of insurance stated on the declarations and any policy deductible are replaced and **Limit of Insurance and Deductible** are stated as follows:
1. Regardless of the number of "customer's autos", "insureds", premiums paid, claims made or "suits" brought, the most we will pay for each "loss" at each location is the Garagekeepers Coverage Limit of Insurance shown in the Schedule for that location minus the applicable deductibles for "loss" caused by:
    - a. Collision; or
    - b. With respect to Garagekeepers Coverage Comprehensive or Specified Causes of Loss coverage:
      - (1) Theft or mischief or vandalism; or
      - (2) All perils.
  2. The maximum deductible stated in the Schedule for Garagekeepers Coverage Comprehensive or Specified Causes of Loss Coverage is the most that will be deducted for all "loss" in any one event caused by:
    - a. Theft or mischief or vandalism; or
    - b. All perils.
  3. Sometimes to settle a claim or "suit", we may pay all or any part of the deductible. If this happens you must reimburse us for the deductible or that portion of the deductible that we paid.
- E. For the purposes of coverage provided by this endorsement, the following **Additional Definitions** apply:
1. "Customer's auto" means a customer's land motor vehicle or trailer or semitrailer. This definition also includes any customer's auto while left with you for service, repair, storage or safekeeping. Customers include your "employees", and members of their households who pay for services performed.
  2. "Loss" means direct and accidental loss or damage and includes any resulting loss of use.
  3. "Garage operations" means the ownership, maintenance or use of locations for the purpose of a business of selling, servicing, repairing, parking or storing "customer's autos" and that portion of the roads or other accesses that adjoin these locations. "Garage operations" also includes all operations necessary or incidental to the performance of garage operations.
  4. "Work you performed" includes work that someone performed for you.

## Forms and Endorsements Schedule

POLICY NUMBER: CSU0097067

POLICY EFFECTIVE DATE: 04/01/2017

NAMED INSURED: Dillon Tire Inc.

### FORMS APPLICABLE

#### Forms Applicable - Commercial General Liability

CG2150 (04/13) Amendment of Liquor Liability Exclusion  
IL0259 (09/07) NE Changes - Cancellation and Nonrenewal  
CG2294 (10/01) Excl-Damage To Work Performed By SubContractors On Your Behalf  
CG2268 (09/97) Operation Of Customer Autos On Particular Premises  
CG2196 (03/05) Silica Or Silica-Related Dust Exclusion  
CG0103 (06/06) Texas Changes  
CG2639 (12/07) Texas Changes - Employment-Related Practices Exclusion  
CG2011 (04/13) Additional Insured - Managers or Lessors of Premises  
CSGA384 (03/16) EXCLUSION - TRACT HOMES AND MULTI-FAMILY HOUSING WITH EXCEPTIONS  
CG2134 (01/87) Exclusion - Designated Work  
CG2644 (12/04) AR Changes - Non-Binding Arbitration  
CG0142 (07/11) Arkansas Changes  
IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement  
IL0168 (09/08) ~~Texas Changes- Duties~~  
CSIA405 (08/09)-B - Garage Keepers Legal Liability Endorsement

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

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - AUTOMATIC STATUS WHEN  
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU -  
OPERATIONS AND COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only with respect to "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions in the performance of your ongoing operations for the additional insured;
2. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured; or
3. "Your work" performed for the additional insured and included in the "products-completed operations hazard".

If not specified otherwise in the written contract or agreement, a person's or organization's status as an additional insured under this endorsement ends one year after your operations for that additional insured are completed. The written contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

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:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.
3. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another because of damages arising out of such injury.

4. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.
- C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

**EARLIER NOTICE OF CANCELLATION OR NONRENEWAL BY US TO A  
DESIGNATED ENTITY**

This endorsement modifies insurance provided under the following:

**COMMERICAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABLITY COVERAGE PART  
FOLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART**

**SCHEDULE**

Designated Entity: **OMG Midwest, Inc.  
aka Oldcastle Materials**

Mailing Address: **2401 SE Tones Drive, Ste. 13  
Ankeny IA 50021**

Cancellation Notification - Number of Days: **\_\_30\_\_**

**The following notice of cancellation condition is added only for the person or organization designated in the Schedule above.**

**If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule above. We will mail such notice at least the number of days shown in the Schedule before the effective date of the cancellation or nonrenewal.**

**If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the schedule above. We will mail such notice for nonpayment of premium at least 10 days before the effective date of cancellation.**

**When notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.**

**In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.**

## Commercial General Liability Classification and Premium Schedule

POLICY NUMBER: CSU0097067

POLICY EFFECTIVE DATE: 04/01/2017

NAMED INSURED: Dillon Tire Inc.

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		DEPOSIT PREMIUM	
				Premises Operations and All Other	Products/ Completed Operations	Premises Operations and All Other	Products/ Completed Operations
	CSIA405-C Earlier Notice of Cancellation or Nonrenewal By Us					\$100	Flat
	CSGA437-Additional Insured-Owners, Lessees or Contractors-Automatic Status When Required in Construction Agreement with You-Operations and Completed Operations					\$500	Flat