

**AMENDMENT TO CONTRACT**  
**On-Site Secure Documents Shredding**  
**State of Nebraska Contract No. 56939 O4**  
**City of Lincoln, Lancaster County and**  
**City of Lincoln-Lancaster County Public Building Commission**  
**Renewal**  
**Datashield Corporation**

This Amendment is hereby entered into by and between Datashield Corporation, 11320 Davenport Street, Omaha, NE 68154 (hereinafter "Contractor") and the City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission (hereinafter "Owners"), for the purpose of amending the Contract dated September 30, 2013, executed under City Directorial Order No. 10038, and County Contract C-13-0495, dated October 8, 2013, and by the City of Lincoln-Lancaster County Public Building Commission on October 15, 2013 for On-Site Secure Document Shredding, State of Nebraska Contract No. 56939 O4, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is July 15, 2013 through July 14, 2014, with the option to renew for four (4) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Directorial Order No. 11453 on July 16, 2014, and by County Contract C-14-0383, executed by the County Board on July 29, 2014, and by the City of Lincoln-Lancaster County Public Building Commission on August 12, 2014 to renew the Contract for an additional one (1) year term from July 15, 2014 through July 14, 2015; and

WHEREAS, the Contract was amended by City Directorial Order No. 13394 on July 10, 2015, and by County Contract C-15-0341, executed by the County Board on July 14, 2015, and by the City of Lincoln-Lancaster County Public Building Commission on July 14, 2015 to renew the Contract for an additional one (1) year term from July 15, 2015 through July 14, 2016; and

WHEREAS, the Contract was amended by City Directorial Order No. 15436 on July 20, 2016, and by County Contract C-16-0365, executed by the County Board on July 19, 2016, and by the City of Lincoln-Lancaster County Public Building Commission on July 19, 2016 to renew the Contract for an additional one (1) year term from July 15, 2016 through July 14, 2017; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning July 15, 2017 through July 14, 2018; and

WHEREAS, the estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$7,000.00 without approval by the City of Lincoln; and

WHEREAS, the estimated expenditures for Lancaster County and the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$5,000.00 without approval by the Lancaster County Board and the City of Lincoln-Lancaster County Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City D.O. 10038 and County Contract C-13-0495, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties wish to renew the Contract for an additional one (1) year term beginning July 15, 2017 through July 14, 2018.
- 2) The estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$7,000.00 without approval by the City of Lincoln.

- 3) The estimated expenditures for Lancaster County and the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$5,000.00 without approval by the Lancaster County Board and the City of Lincoln-Lancaster County Public Building Commission.
- 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:

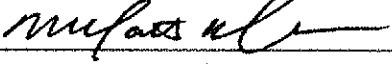
Vendor Signature Page  
City of Lincoln Signature Page  
Lancaster County Signature Page  
City of Lincoln-Lancaster County Public Building Commission Signature Page

## Vendor Signature Page

**AMENDMENT TO CONTRACT**  
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**City of Lincoln-Lancaster County Public Building Commission**  
**Renewal**  
**Datashield Corporation**

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  
 Email: liron@s@lincoln.ne.gov

Company Name:	Datashield Corporation
By: (Please Sign)	
By: (Please Print)	Matt Neuhaus
Title:	VP
Company Address:	4518 F Street Omaha NE 68117
Company Phone & Fax:	402.898.5000
E-Mail Address:	mneuhaus@datashieldcorp.com
Date:	7/14/2017
Contact Person for Orders or Service	Tracey Mestl / David Diverno
Contact Phone Number:	402.898.5000



**Lancaster County Signature Page**

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**AMENDMENT TO CONTRACT  
On-Site Secure Documents Shredding  
State of Nebraska Contract No. 56939 O4  
City of Lincoln, Lancaster County and  
City of Lincoln-Lancaster County Public Building Commission  
Renewal  
Datashield Corporation**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

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

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

dated \_\_\_\_\_

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

State Purchasing Bureau  
1526 K Street, Suite 130  
Lincoln, Nebraska 68508

Telephone: (402) 471-6500  
Fax: (402) 471-2089

**CONTRACT NUMBER**  
**56939 O4**

PAGE 1 of 4	ORDER DATE 06/12/17
BUSINESS UNIT 9001	BUYER ROBERT THOMPSON (AS)
VENDOR NUMBER: 4219729	
VENDOR ADDRESS:  DATASHIELD CORPORATION 4518 F ST OMAHA NE 68117-1402	

AN AWARD HAS BEEN MADE TO THE VENDOR/CONTRACTOR NAMED ABOVE FOR THE SERVICES AS LISTED BELOW FOR THE PERIOD:

**JULY 15, 2017 THROUGH JULY 14, 2018**

THIS CONTRACT IS NOT AN EXCLUSIVE CONTRACT TO FURNISH THE SERVICES SHOWN BELOW, AND DOES NOT PRECLUDE THE PURCHASE OF SIMILAR SERVICES FROM OTHER SOURCES.

THE STATE RESERVES THE RIGHT TO EXTEND THE PERIOD OF THIS CONTRACT BEYOND THE TERMINATION DATE WHEN MUTUALLY AGREEABLE TO THE VENDOR/CONTRACTOR AND THE STATE OF NEBRASKA.

Original/Bid Document 4422 Z1

Contract to supply and deliver On-Site Secure Document Shredding to the State of Nebraska as per the attached specifications for the contract period July 15, 2017 through July 14, 2018.

Vendor Contact: Brian Gubbels  
Phone: 402-898-5000  
Cellular: 402-699-1616  
Fax: 402-733-7298  
E-Mail: Brian@datashieldcorp.com

THIS IS THE FOURTH RENEWAL OF THE CONTRACT AS AMENDED. (fc 06/12/17)

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1	AUBURN - ON-SITE SECURE DOCUMENT SHREDDING	1,230.0000	LB	0.2500	307.50
2	AURORA - ON-SITE SECURE DOCUMENT SHREDDING	139.0000	LB	0.2500	34.75
3	BEATRICE - ON-SITE SECURE DOCUMENT SHREDDING	35,691.0000	LB	0.2500	8,922.75
4	BELLEVUE - ON-SITE SECURE DOCUMENT SHREDDING	6,174.0000	LB	0.2500	1,543.50
5	BLAIR - ON-SITE SECURE DOCUMENT SHREDDING	804.0000	LB	0.2500	201.00
6	BROKEN BOW - ON-SITE SECURE DOCUMENT SHREDDING	3,825.0000	LB	0.2500	956.25
7	CENTRAL CITY - ON-SITE SECURE DOCUMENT SHREDDING	155.0000	LB	0.2500	38.75

6/13/17  
OK  
BUYER  
MATERIEL ADMINISTRATOR  
6/13/17

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

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PAGE 2 of 4	ORDER DATE 06/12/17
BUSINESS UNIT 9001	BUYER ROBERT THOMPSON (AS)
VENDOR NUMBER: 4219729	

**CONTRACT NUMBER**  
**56939 O4**

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
8	COLUMBUS - ON-SITE SECURE DOCUMENT SHREDDING	8,141.0000	LB	0.2500	2,035.25
9	CRETE - ON-SITE SECURE DOCUMENT SHREDDING	1,091.0000	LB	0.2500	272.75
10	DAKOTA CITY - ON-SITE SECURE DOCUMENT SHREDDING	2,710.0000	LB	0.2500	677.50
11	DAVID CITY - ON-SITE SECURE DOCUMENT SHREDDING	156.0000	LB	0.2500	39.00
12	FAIRBURY - ON-SITE SECURE DOCUMENT SHREDDING	1,393.0000	LB	0.2500	348.25
13	FALL CITY - ON-SITE SECURE DOCUMENT SHREDDING	1,043.0000	LB	0.2500	260.75
14	FREMONT - ON-SITE SECURE DOCUMENT SHREDDING	14,271.0000	LB	0.2500	3,567.75
15	GENEVA - ON-SITE SECURE DOCUMENT SHREDDING	100.0000	LB	0.2500	25.00
16	GRAND ISLAND - ON-SITE SECURE DOCUMENT SHREDDING	21,556.0000	LB	0.2500	5,389.00
17	HASTINGS - ON-SITE SECURE DOCUMENT SHREDDING	10,918.0000	LB	0.2500	2,729.50
18	HEBRON - ON-SITE SECURE DOCUMENT SHREDDING	386.0000	LB	0.2500	96.50
19	HOLDREDGE - ON-SITE SECURE DOCUMENT SHREDDING	774.0000	LB	0.2500	193.50
20	KEARNEY - ON-SITE SECURE DOCUMENT SHREDDING	11,235.0000	LB	0.2500	2,808.75
21	LEXINGTON - ON-SITE SECURE DOCUMENT SHREDDING	3,028.0000	LB	0.2500	757.00
22	LINCOLN - ON-SITE SECURE DOCUMENT SHREDDING	1,765,407.0000	LB	0.0750	132,405.53
23	MADISON - ON-SITE SECURE DOCUMENT SHREDDING	456.0000	LB	0.2500	114.00

  
BUYER INITIALS

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

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PAGE 3 of 4	ORDER DATE 06/12/17
BUSINESS UNIT 9001	BUYER ROBERT THOMPSON (AS)
VENDOR NUMBER: 4219729	

**CONTRACT NUMBER**  
**56939 O4**

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
24	MC COOK - ON-SITE SECURE DOCUMENT SHREDDING	1,736.0000	LB	0.2500	434.00
25	NEBRASKA CITY - ON-SITE SECURE DOCUMENT SHREDDING	2,868.0000	LB	0.2500	717.00
26	NORFOLK - ON-SITE SECURE DOCUMENT SHREDDING	30,995.0000	LB	0.2500	7,748.75
27	NORTH PLATTE - ON-SITE SECURE DOCUMENT SHREDDING	6,038.0000	LB	0.2500	1,509.50
28	OMAHA - ON-SITE SECURE DOCUMENT SHREDDING	328,515.0000	LB	0.0625	20,532.19
29	ORD - ON-SITE SECURE DOCUMENT SHREDDING	98.0000	LB	0.2500	24.50
30	PENDER - ON-SITE SECURE DOCUMENT SHREDDING	1,123.0000	LB	0.2500	280.75
31	PIERCE - ON-SITE SECURE DOCUMENT SHREDDING	308.0000	LB	0.2500	77.00
32	PLATTSMOUTH - ON-SITE SECURE DOCUMENT SHREDDING	300.0000	LB	0.2500	75.00
33	SEWARD - ON-SITE SECURE DOCUMENT SHREDDING	1,348.0000	LB	0.2500	337.00
34	TECUMSEH - ON-SITE SECURE DOCUMENT SHREDDING	14,948.0000	LB	0.2500	3,737.00
35	TEKAMAH - ON-SITE SECURE DOCUMENT SHREDDING	100.0000	LB	0.2500	25.00
36	WAHOO - ON-SITE SECURE DOCUMENT SHREDDING	592.0000	LB	0.2500	148.00
37	WAYNE - ON-SITE SECURE DOCUMENT SHREDDING	395.0000	LB	0.2500	98.75
38	WEST POINT - ON-SITE SECURE DOCUMENT SHREDDING	3,261.0000	LB	0.2500	815.25
39	WILBER - ON-SITE SECURE DOCUMENT SHREDDING	100.0000	LB	0.2500	25.00

  
BUYER INITIALS

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

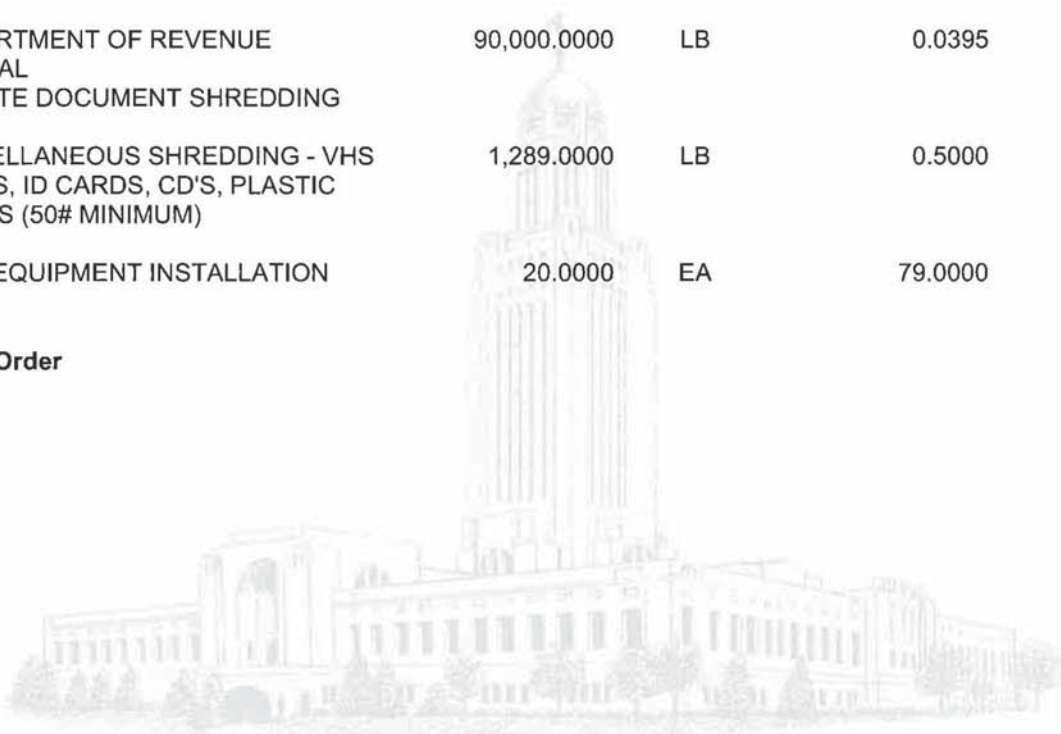
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**CONTRACT NUMBER**  
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Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
40	YORK - ON-SITE SECURE DOCUMENT SHREDDING	23,866.0000	LB	0.2500	5,966.50
41	ADDITIONAL LOCATIONS - ON-SITE SECURE DOCUMENT SHREDDING	15,644.0000	LB	0.2500	3,911.00
42	DEPARTMENT OF REVENUE ANNUAL ON-SITE DOCUMENT SHREDDING	90,000.0000	LB	0.0395	3,555.00
43	MISCELLANEOUS SHREDDING - VHS TAPES, ID CARDS, CD'S, PLASTIC CARDS (50# MINIMUM)	1,289.0000	LB	0.5000	644.50
44	NEW EQUIPMENT INSTALLATION FEE	20.0000	EA	79.0000	1,580.00
<b>Total Order</b>					<b>215,966.22</b>



*RT*

BUYER INITIALS





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/21/2017

**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> SilverStone Group 11516 Miracle Hills Drive Suite 100 Omaha NE 68154	<b>CONTACT NAME:</b> Grace Spomer <b>PHONE (A/C No, Ext):</b> 402-964-5730 <b>FAX (A/C No):</b> 402-557-6321 <b>E-MAIL ADDRESS:</b> gspomer@ssgi.com														
<b>INSURED</b> 17093 Datashield Corporation 4518 F Street Omaha NE 68117	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Nationwide Insurance Co of America</td> <td style="text-align: center;">25453</td> </tr> <tr> <td>INSURER B : Travelers Casualty Ins Co of America</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nationwide Insurance Co of America	25453	INSURER B : Travelers Casualty Ins Co of America		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

**COVERAGES**      **CERTIFICATE NUMBER: 434728320**      **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"/> <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 type="checkbox"/> LOC OTHER:			3017514293	12/13/2016	12/13/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			3017514293	12/13/2016	12/13/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			3017514293	12/13/2016	12/13/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	<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						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Crime Incl 3rd Party			106399763	10/22/2016	10/22/2017	Per Occurrence 1,000,000

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

Certificate holders are additional insured per written contract

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Lincoln Lancaster County Lincoln-Lancaster County Public BLDG Commission 555 South 10th Street Lincoln NE 68508	<p><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></p> <p>AUTHORIZED REPRESENTATIVE  </p>
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**AMCO INSURANCE COMPANY**  
**1100 LOCUST ST DEPT 1100**  
**DES MOINES, IA 50391-2000**

24171  
**RENEWAL**

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

Policy Number: **ACP GLAO 3027514293**

Named Insured: **DATASHIELD CORPORATION**

Address: **11320 DAVENPORT ST**  
**OMAHA NE 68154-2630**

Agent: **SILVERSTONE GROUP** **26-24171-002**  
 Address: **OMAHA NE 68154** PRODUCER: **JOHN H NELSON**

Policy Period: From **12/13/16** to **12/13/17** 12:01 A.M. standard time at the address of the named insured as stated herein.

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.

**LIMITS OF INSURANCE**

<b>GENERAL AGGREGATE LIMIT (other than products-completed operations)</b>	\$	<b>2,000,000</b>
<b>PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT</b>	\$	<b>2,000,000</b>
<b>PERSONAL AND ADVERTISING INJURY LIMIT</b>	\$	<b>1,000,000</b>
<b>EACH OCCURRENCE LIMIT</b>	\$	<b>1,000,000</b>
<b>DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)</b>	\$	<b>100,000</b>
<b>MEDICAL EXPENSE LIMIT (any one person)</b>	\$	<b>5,000</b>

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**  
 Business of the Named Insured is: **INFORMATION DESTRUCTION**  
 Audit Period: **ANNUAL**

**ENDORSEMENTS ATTACHED TO THIS POLICY**  
**SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE**

**TOTAL ADVANCE PREMIUM \$ 5,860.00**

Replacement or  
 Renewal Number **ACP GLAO3017514293**  
**A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED**

Countersigned By \_\_\_\_\_  
 Authorized Representative

AMCO INSURANCE COMPANY  
1100 LOCUST ST DEPT 11  
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: ACP GLAO 3027514293

Period: From 12/13/16 To 12/13/17

Named Insured: DATASHIELD CORPORATION

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
CG7212	1214	COMMERCIAL GENERAL LIABILITY COVERAGE ENHANCEMENT ENDORSEMENT INCLUDING MEDI
CG7246	1115	BLANKET ADDITIONAL INSURED ENDORSEMENT COMMERCIAL CONTRACTORS
CG7258	0908	EXCLUSION-OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INS PROGRAM
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0502	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0259	0907	NEBRASKA CHANGES - CANCELLATION AND NONRENEWAL
13614	1185	SPECIAL CONTINUATION PROVISION

IMPORTANT NOTICES

IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES

GLDF (02-93)

DIRECT BILL LKIS 16340

INSURED COPY

ACP GLAO 3027514293

860358904

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0011460



BUSINESS AUTO DECLARATIONS

24171

AHCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

Policy Number: ACP BAA 3027514293

Item One

Policy Period From 12/13/2016 To 12/13/2017 12:01 AM Standard Time at the mailing address below

Named Insured: DATASHIELD CORPORATION

Mailing Address: 11320 DAVENPORT ST
OMAHA, NE 68154-2630

Agency Name: SILVERSTONE GROUP
Agency Address: OMAHA NE 68154-5311

26 24171-002 001 43
(402)964-5400

Form of Business CORPORATION

In return for the payment of the premium, and subject to the terms of this policy, we agree with you to provide the insurance stated in this policy.

Item Two Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto or Motor Carrier Coverage Form next to the name of the coverage.

Table with 4 columns: Coverage, Covered Autos, Limit and Deductible - the most we will pay for any one accident or loss, Premium. Rows include LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS/EXPENSE, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, COMPREHENSIVE COLLISION, and OTHER COVERAGES.

Summary table with 2 columns: Description, Amount. Rows: Estimated Basic Premium (\$ 16,263.00), Estimated Assessments and Surcharges (\$), Estimated Total Premium (\$ 16,263.00).

PVDECP1 (09-13) 00

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LKIS

2016337

INSURED COPY

ACP BAA 3027514293

860358904

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0011541

NW-CP-1305 0316 00

BUSINESS AUTO  
SCHEDULE(S)

AMCO INSURANCE COMPANY  
1100 LOCUST ST DEPT 1100  
DES MOINES, IA 50391-2000

The following schedule(s) is/are a continuation of the declarations.

Number: ACP BAA 3027514293

Effective from 12/13/2016 to 12/13/2017

Named Insured: DATASHIELD CORPORATION

Agency Name: SILVERSTONE GROUP

SCHEDULE OF FORMS AND ENDORSEMENTS

Form No.	Date	Title	Premium
AC2170	(02/00)	NEBRASKA UNINSURED & UNDERINSURED MOTORISTS COVERAGE	
AC7000	(03/16)	AUTO MEDICAL PAYMENTS AMENDMENT	
AC7005	(03/16)	BUSINESS AUTO PROTECTION - GOLD	\$ 774.00
AC7007	(03/16)	BUSINESS AUTO EXTENSION ENDORSEMENT	
AC9954	(04/05)	AMENDMENT OF COVERED AUTO SYMBOL 7	
CA0001	(10/13)	BUSINESS AUTO COVERAGE FORM	
CA0156	(10/13)	NEBRASKA CHANGES	
CA0221	(10/13)	NEBRASKA CHANGES CANCELLATION	
CA2001A	(03/06)	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE	
CA2001P	(10/13)	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE	
CA2384	(10/13)	EXCLUSION OF TERRORISM	
CA9935	(11/13)	NEBRASKA AUTO MEDICAL PAYMENTS COVERAGE	
CA9944	(10/13)	LOSS PAYABLE CLAUSE	
GU207	(06/78)	BLANK ENDORSEMENT FORM	
IL0017	(11/98)	COMMON POLICY CONDITIONS	
IL0021	(05/02)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT	
I3614	(11/85)	SPECIAL CONTINUATION PROVISION	

SCHEDULE OF IMPORTANT NOTICES

Form No.	Date	Title
IN5017	(05/93)	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN5278	(12/13)	IMPORTANT NOTICE FAIR CREDIT REPORTING ACT

PHSCHED (01-97)

EG8033

LKIS

2016337

INSURED COPY

ACP BAA 3027514293

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL GENERAL LIABILITY COVERAGE ENHANCEMENT ENDORSEMENT INCLUDING MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended as follows:

1. **g. Aircraft, Auto Or Watercraft (2) (a)** is replaced with:

(a) Less than 51 feet long; and

2. The following paragraphs are added to **j. Damage to Property (4)** :

However, this exclusion does not apply to:

(a) "property damage" to borrowed equipment while not in use, while at the insured's premises or a job site; or

(b) to Customers goods while on the insured's premises for the purpose of being worked on or used in a manufacturing process.

**Limit of Insurance** - The most we will pay for damages for "property damage" coverage provided by this coverage in any one "occurrence" is \$10,000.

**Deductible** - Our obligation to pay for a covered loss applies only to the amount of loss in excess of \$500. We will pay the deductible amount to effect settlement of any claim or "suit" and, upon notification of this action having been taken, you shall promptly reimburse us for the deductible as has been paid by us. This insurance is excess over any other valid and collectible insurance.

3. The last paragraph of **2. Exclusions** is replaced with:

If **Damage To Premises Rented to You** is not otherwise excluded, exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke or sprinkler leakage to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **Section III-Limits of Insurance.**

#### SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended as follows:

1. **1. b.** replaced with:

b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

2. **1. d.** replaced with:

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.

#### SECTION II – WHO IS AN INSURED is amended as follows:

1. **3. a.** is replaced with:

a. Coverage under this provision is afforded only until the 180<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is earlier;

2. The following is added:

#### 4. **Additional Insured – Automatic Status When Required In an Agreement With You**

**Who Is An Insured** includes person(s) or organization(s) described in Paragraphs a. – i. below with whom you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

a. **Co-Owners of Insured Premises** – with respect to their liability as co-owner of the premises.

However, their status as additional insured under this policy ends when you

cease to co-own such premises with that person or organization.

- b. **Controlling Interest** – with respect to their liability arising out of their financial control of you; or premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when they cease to have such controlling interest.

- c. **Grantor of Franchise or License** – with respect to their liability as grantor of a franchise or license to you.

However, their status as additional insured under this policy ends:

- (1) when their contract or agreement with you granting the franchise or license ends or expires.
- (2) when your license is terminated or revoked prior to expiration of the license as stipulated by the contract or agreement.

- d. **Lessors of Leased Equipment** – with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s). This insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

However, their status as additional insured under this policy ends when their lease, contract or agreement with you for such leased equipment ends.

- e. **Managers, or Lessors of Leased Premises** – with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you.

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to be a tenant of such premises.

- f. **Mortgagee, Assignee, or Receiver** – as respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance or use of the premises by you.

This insurance does not apply to structural alterations, new constructions and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when their status as mortgagee, assignee or receiver ends.

- g. **Owners or Other Interest from Whom Land has been Leased** – with respect to their liability arising out of the ownership, maintenance or use of that part of the land leased to you.

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to lease the land;
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to lease that land.

- h. **State or Political Subdivisions – Permits Relating to Premises** – with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent, or control and to which this insurance applies:

- (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal

holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or

- (2) The construction, erection, or removal of elevators; or
- (3) The ownership, maintenance or use of any elevators covered by this insurance.

This insurance does not apply to:

- (1) "Bodily injury" or "property damage" or "personal or advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

However, such state or political subdivision's status as additional insured under this policy ends when the permit ends.

- i. **Vendors** – but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

- (1) The insurance afforded the vendor does not apply to:
  - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
  - (b) Any express warranty unauthorized by you;
  - (c) Any physical or chemical change in the product made intentionally by the vendor;
  - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the

manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (i) The exceptions contained in Subparagraphs d. or f.; or
  - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (3) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.



However, this insurance afforded to such additional insureds a. – i. described above:

- (1) Only applies to the extent permitted by law; and
- (2) Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**SECTION III – LIMITS OF INSURANCE**

- 1. The following is added to paragraph 2:

The General Aggregate Limit applies separately to each of your "locations" owned by or rented to you or temporarily occupied by you with the permission of the owner.

- 2. Paragraph 6. is replaced with:

6. Subject to 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke or sprinkler leakage, while rented to or temporarily occupied by you with permission of the owner. The limit is increased to \$300,000.

- 3. Paragraph 7. is replaced with:

- 7. Subject to 5. above, the higher of:
  - a. \$10,000; or
  - b. The amount shown in the Declarations for Medical Expense Limit is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by one person.

This coverage does not apply if Coverage C-Medical Payments is excluded either by the provisions of any coverage forms attached to the policy or by endorsement.

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**

- 1. **Condition 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** is amended to include:

e. Knowledge of an "occurrence", offense, claim or "suit" by an agent or employee of any insured shall not in itself constitute knowledge of the insured unless you, a partner, if you are a partnership; or an executive officer or insurance manager, if you are a corporation receives such notice

of an "occurrence", offense, claim or "suit" from the agent or employee.

- 2. Paragraph b. **Excess Insurance (1) (b) (ii)** of condition 4. **Other Insurance** is replaced with:

(ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

- 3. **Condition 6. Representations** is amended to include :

d. Your failure to disclose all hazards or prior "occurrences" or offenses existing as of the inception date of the policy shall not prejudice the coverage afforded by this policy provided such failure to disclose all hazards or prior "occurrences" or offenses is not intentional. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

- 4. **Condition 8. Transfer of Rights of Recovery Against Others to Us** is amended to include:

If required by a written contract executed prior to loss, we waive any right of subrogation we may have against the contracting person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazards".

- 5. The following condition is added:

**10. Liberalization**

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

**SECTION V – DEFINITIONS**

- 1. Definition 3. is replaced with:

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

- 2. The following definition is added:

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

**All terms and conditions apply unless modified by this endorsement.**

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – AUTOMATIC STATUS FOR OTHER  
PARTIES WHEN REQUIRED IN WRITTEN  
CONSTRUCTION AGREEMENT**

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:

**Ongoing Operations**

1. Any person or organization for whom you are performing operations 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; and
2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured for ongoing operations ends when your operations for the person or organization described in Paragraph 1. above are completed.

With respect to insurance afforded to these additional insureds for ongoing operations, this insurance does not apply to "bodily injury" or "property damage" occurring after:

- a. All work, including material, 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
- b. that operation 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.

**B. Section II – Who Is An Insured** is amended to include as an additional insured:

**Products–Completed Operations**

Any person or organization with whom you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" performed for such person or organization and included in the "products-completed operations hazard".

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**C.** With respect to the insurance afforded to these additional insureds, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering

**CG 72 46 11 15**

of, or the failure to render, any professional architectural, engineering or surveying services, including:

1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- D. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement described in Paragraph A.1. or Paragraph B.; 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.

- E. With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Condition 4. Other Insurance** 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.

**All terms and conditions of this policy apply unless modified by this endorsement.**

**COMMERCIAL AUTO  
AC 70 05 03 16**

**A. EFFECT OF THIS ENDORSEMENT**

Coverage provided under this policy is modified by the provisions of this endorsement. If there is any conflict between the provisions of this endorsement and the provision(s) of any state-specific endorsement also attached to this policy, then the provision(s) of the state-specific endorsement shall apply instead of the provisions of this endorsement that are in conflict, but only to the extent of the conflict, and only to the extent necessary to bring such provisions into conformance with the state requirement(s) contained in the provision(s) of the state-specific endorsement.

**B. NEWLY ACQUIRED OR FORMED ENTITIES**

The Named Insured shown in the Declarations is amended to include any organization you newly acquire or form, other than a partnership, joint venture, or limited liability company, and over which you maintain ownership or majority (more than 50%) interest; if there is no other similar insurance available to that organization. Coverage under this provision is afforded until the 180<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is later.

**C. EMPLOYEES AS INSUREDS – NONOWNED AUTOS**

The following is added to paragraph A.1. Who Is An Insured of SECTION II – COVERED AUTOS LIABILITY COVERAGE:

- d. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

**D. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT**

The following is added to A.1. Who Is An Insured of SECTION II – COVERED AUTOS LIABILITY COVERAGE:

Any person or organization that you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a "bodily injury" or "property damage" occurrence is an "insured" for Covered Auto Liability coverage. However, with respect to covered "autos", such person or organization is an insured only to the extent that person or organization qualifies as an "insured" under A.1. Who is an Insured of SECTION II – COVERED AUTOS LIABILITY COVERAGE:

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.

**E. SUPPLEMENTARY PAYMENTS – BAIL BONDS**

Supplementary Payments of SECTION II – COVERED AUTOS LIABILITY COVERAGE is revised as follows:

- (2) Up to \$2,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

**F. SUPPLEMENTARY PAYMENTS – LOSS OF EARNINGS**

Supplementary Payments of the SECTION II – COVERED AUTOS LIABILITY COVERAGE is revised as follows:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**G. PERSONAL EFFECTS AND PROPERTY OF OTHERS EXTENSION**

1. The Care, Custody or Control Exclusion of SECTION II – COVERED AUTOS LIABILITY COVERAGE, does not apply to "property damage" to property, other than your property, up to an amount not exceeding \$250 in any one "accident". Coverage is excess over any other valid and collectible insurance.

2. The following paragraph is added to A.4. Coverage Extensions of SECTION III – PHYSICAL DAMAGE COVERAGE:

- c. We will pay up to \$500 for your property that is lost or damaged as a result of a covered "loss", without applying a deductible. Coverage is excess over any other valid and collectible insurance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/21/2017

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> Mark H. Denman c/o Robertson, Ryan, and Associates 6015 Durand Avenue, Suite 300 Racine, WI 53406	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Christine Anderson</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (262) 504-3840</td> <td><b>FAX (A/C, No):</b> (262) 248-1017</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> canderson@robertsonryan.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> American Zurich Insurance Company</td> <td style="text-align: right;"><b>NAIC #</b> 40142</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Christine Anderson		<b>PHONE (A/C, No, Ext):</b> (262) 504-3840	<b>FAX (A/C, No):</b> (262) 248-1017	<b>E-MAIL ADDRESS:</b> canderson@robertsonryan.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> American Zurich Insurance Company	<b>NAIC #</b> 40142	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>																					
<b>INSURED</b> The Alliance Group, Inc. Alt. Emp: DataShield Corporation 2566 Leavenworth Street Omaha, NE 68105																					

**COVERAGES** **CERTIFICATE NUMBER: 17NE003891341** **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
<b>A</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	<input checked="" type="checkbox"/> X	WC 02-90-466-02	07/01/2017	07/01/2018	<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
	<b>Location Coverage Period:</b>				07/01/2017	07/01/2018	<b>Client#</b> ERI-NE	

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

Coverage is provided for only those co-employees of, but not subcontractors to: **DataShield Corporation**  
 4518 F Street  
 Omaha, NE 68117

Endorsements: Waiver of Subrogation

<b>CERTIFICATE HOLDER</b>  City of Lincoln; Lancaster County Lincoln-Lancaster County Public Bldg Commission 555 So. 10th Street Lincoln, NE 68508	<b>CANCELLATION</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.  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.

**Schedule**

**IN FAVOR OF:**

City of Lincoln; Lancaster County  
Lincoln-Lancaster County Public Bldg Commission  
555 So. 10th Street  
Lincoln, NE 68508

**WORK PERFORMED BY CO-EMPLOYEES OF:**

DataShield Corporation  
4518 F Street  
Omaha, NE 68117

**ON THE FOLLOWING PROJECT:**

**FEE FOR THIS WAIVER IS:**

Premium will be waived

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: 07/21/2017

Policy No: WC 02-90-466-02

Endorsement No:

Insured: The Alliance Group, Inc. Alt. Emp: DataShield Corporation

Premium: \$

Insurance Company: American Zurich Insurance Company

Countersigned By:



Authorized Representative