

**AMENDMENT TO CONTRACT**  
**Annual Service - Auction Services for the**  
**Lincoln Police Department to Dispose of Unclaimed/Abandoned Property**  
**Piggyback City of Lincoln, Bid No. 13-091**  
**Lancaster County**  
**Extension**  
**Jim Peterson Auction Co.**

This Amendment is hereby entered into by and between Jim Peterson Auction Co., 2208 A Street, Lincoln, NE 68502 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated May 24, 2016, executed under County Contract No. C-16-0240, for Auction Services to Dispose of Unclaimed/Abandoned Property, Bid No. 13-091, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is May 28, 2016 through May 27, 2017; and

WHEREAS, the Contract was amended by County Contract No. C-17-0271 on April 18, 2017 to extend the Contract for an additional term beginning May 28, 2017 through September 30, 2017; and

WHEREAS, the parties hereby extend the Contract for an additional term beginning October 1, 2017 through November 30, 2017; and

WHEREAS, Lancaster County agrees to pay the Auctioneer's Fee in the amount of 10% of gross sales for the term of this extension, not to exceed \$3,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract No. C-16-0240 and stated herein the parties agree as follows:

- 1) The parties hereby extend the Contract for an additional term beginning October 1, 2017 through November 30, 2017.
- 2) Lancaster County agrees to pay the Auctioneer's Fee in the amount of 10% of gross sales for the term of this extension, not to exceed \$3,000.00 without approval by the Lancaster County Board.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

Vendor Signature Page  
County Signature Page

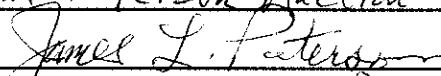
## Vendor Signature Page

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**Lincoln Police Department to Dispose of Unclaimed/Abandoned Property**  
**Bid No. 13-091**  
**Lancaster County**  
**Extension**  
**Jim Peterson Auction Co.**

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  
Or email to: liron@lincoln.ne.gov

<b>Company Name:</b>	Jim Peterson Auction Co.
<b>By: (Please Sign)</b>	
<b>By: (Please Print)</b>	JAMES L. PETERSON
<b>Title:</b>	owner
<b>Company Address:</b>	2708 A St. Lincoln NE 68502
<b>Company Phone &amp; Fax:</b>	402-477-2273 mobile 402-430-4052
<b>E-Mail Address:</b>	cdjim.peterson@hotmail.com
<b>Date:</b>	August 9, 2017
<b>Contact Person for: "Orders or Service"</b>	Jim Peterson
<b>Contact Phone Number:</b>	402 430-4052

**Lancaster County Signature Page**

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Piggyback City of Lincoln, Bid No. 13-091  
Lancaster County  
Extension  
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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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

PETE-10

OP ID: LM

DATE (MM/DD/YYYY)

08/11/2017

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> Cople Insurance Agency, Inc. P.O. Box 83405 Lincoln, NE 68501- Darryl A. Johansen, CPCU, ARM	<b>CONTACT NAME:</b> D. Arnie Johansen, CPCU, ARM <b>PHONE (A/C, No, Ext):</b> 402-475-3213 <b>FAX (A/C, No):</b> 402-475-6842 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : <b>Cincinnati Insurance Company</b></td> <td><b>10677</b></td> </tr> <tr> <td>INSURER B : <b>Markel Service, Inc.</b></td> <td><b>27626</b></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 : <b>Cincinnati Insurance Company</b>	<b>10677</b>	INSURER B : <b>Markel Service, Inc.</b>	<b>27626</b>	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> <b>Jim Peterson Auction Co.</b> <b>2208 "A" Street</b> <b>Lincoln, NE 68502</b>														

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<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:	<b>X</b>		<b>ENP0148835</b>	<b>09/01/2017</b>	<b>09/01/2018</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>B</b>	<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		<b>N/A</b>	<b>MWC0101645</b>	<b>10/06/2016</b>	<b>10/06/2017</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

The City of Lincoln (per attached form CG 20 10 07 04) and Lancaster County (per attached form GA 4084 10 01) are named as additional insureds in regards to General Liability coverage.

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITYLIN</b>  City of Lincoln and/or Lancaster County 555 South 10th Street Lincoln, NE 68508	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED PERSON  
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

LANCASTER COUNTY  
555 S 10TH ST  
LINCOLN, NE 68508-2803

- A. SECTION II - WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of your operations or premises owned by or rented to you.
- B.** The following exclusion is added to **SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** and **SECTION I - COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions:**
- The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence or willful misconduct of, or for defects in design furnished by, the additional insured or its "employees".
- C. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance** is amended to include:
- Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:
- a. As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance;** or
  - b. For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.