

**AMENDMENT TO CONTRACT**  
**Annual Services**  
**Fuel Tank Maintenance and Service**  
**Bid No. 14-164**  
**City of Lincoln and Lancaster County**  
**Renewal**  
**Dr. Fuel Good**

This Amendment is hereby entered into by and between Dr. Fuel Good, 3301 R-Coors Blvd., Albuquerque, NM 871207 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated August 27, 2014, executed under City Directorial Order No. 11675, and County Contract C-14-0453, dated September 9, 2014 for Annual Service - Fuel Tank Maintenance and Service, Bid No. 14-164, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is September 1, 2014 through August 31, 2015, 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. 88545, executed by the City on August 24, 2015, and by County Contract C-15-0389 executed by the County Board on August 11, 2015, to renew the contract for an additional one (1) year term from September 1, 2015 through August 31, 2016;

WHEREAS, the Contract was amended by City Executive Order No. 89710, executed by the City on August 16, 2016, and by County Contract C-16-0428 executed by the County Board on August 16, 2016, to renew the contract for an additional one (1) year term from September 1, 2016 through August 31, 2017;

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning September 1, 2017 through August 31, 2018; and

WHEREAS, the expenditures for the City of Lincoln, Public Works & Utilities Department for the term of this renewal shall not exceed \$25,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County, County Engineer for the term of this renewal shall not exceed \$25,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City E.O. 11675 and County Contract C-14-0453, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties hereby renew the Contract for an additional one (1) year term beginning September 1, 2017 through August 31, 2018.
- 2) The expenditures for the City of Lincoln, Public Works & Utilities Department for the term of this renewal shall not exceed \$25,000.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County, County Engineer for the term of this renewal shall not exceed \$25,000.00 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

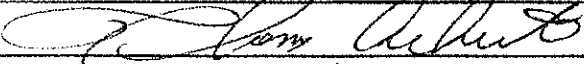
## Vendor Signature Page

---

**AMENDMENT TO CONTRACT  
Annual Services  
Fuel Tank Maintenance and Service  
Bid No. 14-164  
City of Lincoln and Lancaster County  
Renewal  
Dr. Fuel Good**

**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:	Tom Archuleta DBA DR. FUEL GOOD
By: (Please Sign)	
By: (Please Print)	THOMAS ARCHULETA
Title:	OWNER
Company Address:	3301-R-COORS BLVD. NW #270
Company Phone & Fax:	505-259-8346
E-Mail Address:	taschaeffero:1@aol.com
Date:	8-7-17
Contact Person for Orders or Service	TOM ARCHULETA
Contact Phone Number:	505-259-8346

## City of Lincoln Signature Page

---

**AMENDMENT TO CONTRACT  
Annual Services  
Fuel Tank Maintenance and Service  
Bid No. 14-164  
City of Lincoln and Lancaster County  
Renewal  
Dr. Fuel Good**

**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**

---

**AMENDMENT TO CONTRACT  
Annual Services  
Fuel Tank Maintenance and Service  
Bid No. 14-164  
City of Lincoln and Lancaster County  
Renewal  
Dr. Fuel Good**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

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

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

dated \_\_\_\_\_



DRFUE-1

OP ID: BT

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Monroe &amp; Monroe Insurance Agency, Ltd.</b> 2921 Galleria Dr., Suite 102 Arlington, TX 76011 Jim Beam, CIC	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	
INSURED <b>Dr. Fuel Good Tom Archuleta 5031 Costa Uasca Dr NW Albuquerque, NM 87120</b>	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: <b>Mid-Continent Casualty Co.</b>			<b>23418</b>
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			04GL980710	08/16/2017	08/16/2018	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Pollution liab</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ <b>0</b>
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COM/OP AGG \$ <b>2,000,000</b>
	<b>UMBRELLA LIAB</b>						
	<input type="checkbox"/> EXCESS LIAB						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person) \$
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PROPERTY DAMAGE (PER ACCIDENT) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				
							E.L. EACH ACCIDENT \$
A	<b>Floater</b>			04HM69960	08/16/2017	08/16/2018	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
							Bailee <b>100,000</b>
							Cargo <b>100,000</b>

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

The General Liability policy includes a blanket additional insured endorsement that provides additional insured status to City of Lincoln and Lancaster County only when there is a written "insured contract" between the named insured and the certificate holder that requires such status.

**CERTIFICATE HOLDER**

CLINCOL

City of Lincoln  
Lancaster County  
555 S 10th St  
Lincoln, NE 68508

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

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

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

**Any person or organization for whom the named insured has agreed by written "insured contract" to designate as an additional insured subject to all provisions and limitations of this policy.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED (Section II)** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability caused, in whole or in part, by your performance of ongoing operations for that insured. 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 written "insured contract", the insurance afforded to such additional insured will not be broader than that which you are required by the written "insured contract" to provide for such additional insured.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**08/18/2017**

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 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).


PRODUCER	Associated Insurance Professionals, Inc 1429 Carlisle Blvd NE Albuquerque, NM 87110 License #: 0F14643	CONTACT NAME: <b>John Dzlak</b>	FAX (A/C, No): <b>505-268-9631</b>	
		PHONE (A/C, No, Ext): <b>505-265-3704</b>	E-MAIL ADDRESS: <b>johndz@aip-inc.com</b>	
INSURED	TOM ARCHULETA DBA: DR. FUEL GOOD 5031 COSTA UASCA NW ALBUQUERQUE, NM 87120	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: <b>UNITED FINANCIAL CASUALTY CO, 11770</b>		
		INSURER B: <b>New Mexico Foundation Insurance Company</b>		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES      CERTIFICATE NUMBER: **00000000-22665**      REVISION NUMBER: **3**

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COMPI/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		<b>06060796-0</b>	<b>04/07/2017</b>	<b>04/07/2018</b>		COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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	Y/N <input checked="" type="checkbox"/> Y    N/A	<b>96467.101</b>	<b>08/15/2017</b>	<b>08/15/2018</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	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)  
**Workers Comp: Tom Archuleta**

<b>CERTIFICATE HOLDER</b>  <b>City of Lincoln/Lancaster County</b> <b>555 S 10th St.</b> <b>LINCOLN, NE 68508</b>	<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  (JMD)