

**AMENDMENT TO CONTRACT**  
**Language Interpretation Services - Phone and Video**  
**Piggyback State of Nebraska Contract No. 48860 O4**  
**City of Lincoln and Lancaster County**  
**Renewal**  
**Language Line Services, Inc.**

C-17-0720

This Amendment is hereby entered into by and between Language Line Services, Inc., 1 Lower Ragsdale Drive, Bldg 2, Monterey, CA 93940-5747 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated February 16, 2016 executed under City Directorial Order No. 14569, and County Contract C-16-0078, dated February 16, 2016 for Language Interpretation Services - Phone and Video, Piggyback State of Nebraska Contract No. 48860 O4, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is February 16, 2016 through July 31, 2016. Upon conclusion of the initial term, the contract may be renewed on a yearly basis with mutual written agreement by both parties not to exceed the term of the current State of Nebraska and Language Line Services, Inc., Contract No. 48860 O4; and

WHEREAS, the Contract was amended by City Directorial Order No. 15764, executed by the City on September 26, 2016, and by County Contract C-16-0622 executed by the County Board on October 18, 2016, renew the contract for an additional one (1) year term from August 1, 2016 through July 31, 2017; and

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

WHEREAS, the estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$1,000.00 without approval by the City of Lincoln; and

WHEREAS, the estimated expenditures for Lancaster County for the term of this renewal shall not exceed \$500.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Directorial Order No. 14569 and County Contract C-16-0078, 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 August 1, 2017 through July 31, 2018.
- 2) The estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$1,000.00 without approval by the City of Lincoln.
- 3) The estimated expenditures for Lancaster County for the term of this renewal shall not exceed \$500.00 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

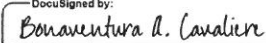
## Vendor Signature Page

---

**AMENDMENT TO CONTRACT**  
**Language Interpretation Services - Phone and Video**  
**Piggyback State of Nebraska Contract No. 48860 O4**  
**City of Lincoln and Lancaster County**  
**Renewal**  
**Language Line Services, Inc.**

**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@s@lincoln.ne.gov

<b>Company Name:</b>	Language Line Services, Inc.
<b>By: (Please Sign)</b>	<small>DocuSigned by:</small> 
<b>By: (Please Print)</b>	BonaVentura A. Cavaliere
<b>Title:</b>	CFO
<b>Company Address:</b>	1 Lower Ragsdale Dr. Bldg 2 Monterey, CA 93940
<b>Company Phone &amp; Fax:</b>	800-752-6096 / Fax # 800-821-9040
<b>E-Mail Address:</b>	wecare@languageline.com
<b>Date:</b>	8/23/2017
<b>Contact Person for Orders or Service</b>	
<b>Contact Phone Number:</b>	

**Lancaster County Signature Page**

---

**AMENDMENT TO CONTRACT  
Language Interpretation Services - Phone and Video  
Piggyback State of Nebraska Contract No. 48860 O4  
City of Lincoln and Lancaster County  
Renewal  
Language Line Services, Inc.**

**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)  
08/25/2017

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> Willis of New York, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b> PHONE (A/C.NO.EXT): <b>877-945-7378</b>		<b>FAX (A/C.NO.):</b> <b>888-467-2378</b>
	<b>E-MAIL ADDRESS:</b> <b>certificates@willis.com</b>		
<b>INSURED</b> Language Line Services Inc. One Lower Ragsdale Drive Building 2 Monterey, CA 93940	<b>INSURER(S)AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: <b>Great Northern Insurance Company</b>		<b>20303-001</b>
	INSURER B: <b>Federal Insurance Company</b>		<b>20281-001</b>
	INSURER C: <b>Vigilant Insurance Company</b>		<b>20397-001</b>
	INSURER D: <b>Illinois Union Insurance Company</b>		<b>27960-001</b>
INSURER E:			
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: 25612657**      **REVISION NUMBER: See Remarks**

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	Y		3595-61-78	6/1/2017	6/1/2018	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			73576109	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79877121	6/1/2017	6/1/2018	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b>
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71743569	6/1/2017	6/1/2018	<input checked="" type="checkbox"/> PER STATUTE OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	<b>Errors &amp; Omissions</b>			G21654711 015	7/1/2017	7/1/2018	\$10,000,000 \$10,000,000 \$100,000 Each Claim Aggregate Retention/Claim

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

THIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 7/18/2017 WITH ID: 25578120

Professional Liability coverage includes coverage for contingent bodily injury, property damage and wrongful acts such as the disclosure of confidential information. Coverage is true worldwide.

See Attached:

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Lincoln/Lancaster County 440 S. 8th Street, Suite 200 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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of New York, Inc.		NAMED INSURED Language Line Services Inc. One Lower Ragsdale Drive Building 2 Monterey, CA 93940	
POLICY NUMBER See First Page		EFFECTIVE DATE: See First Page	
CARRIER See First Page	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Excess E&O  
 Carrier: AIG Specialty Insurance Company  
 Policy# 01-645-26-34  
 Policy Term: 07/01/2017 - 07/01/2018  
 Limit: \$5,000,000 xs \$10,000,000

Certificate Holder is included as an Additional Insured as respects to General Liability.

**Endorsement**

<i>Policy Period</i>	JUNE 1, 2017 TO JUNE 1, 2018
<i>Effective Date</i>	JUNE 1, 2017
<i>Policy Number</i>	3595-61-78 DTO
<i>Insured</i>	LANGUAGE LINE HOLDINGS, INC
<i>Name of Company</i>	GREAT NORTIERN INSURANCE COMPANY
<i>Date Issued</i>	JUNE20, 2017

---

This Endorsement applies to the following forms:

GENERAL LIABILITY

---

Under Who Is An Insured, the following provision is added.

**WholsAnInsured**

*Additional Insured -  
Scheduled Person  
Or Organization*

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contractor agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contractor agreement

# CHUBB

## **Liability Endorsement**

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

### **Conditions**

*Other Insurance -  
Primary Noncontributory  
Insurance- Scheduled  
Person Or Organization*

If you are obligated, pursuant to a contractor agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and **we will** not seek contribution from insurance available to such person or organization.

---

### **Schedule**

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative

