

AMENDMENT TO CONTRACT
Annual Requirements
Offset Printing and Related Services
Bid No. 13-301
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Firespring

This Amendment is hereby entered into by and between Firespring, 1201 Infinity Court, Lincoln, NE 68512 (hereinafter "Contractor") and the City of Lincoln, Lancaster County and the City of Lincoln-Lancaster County Public Building Commission (hereinafter "Owners"), for the purpose of amending the Contract dated December 20, 2013, executed under Resolution No. A-88003, and County Contract C-14-0008, dated January 7, 2014, and executed by the City of Lincoln-Lancaster County Public Building Commission, on January 14, 2014, for Offset Printing and Related Services, Bid No. 13-301, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is January 14, 2014 through January 13, 2017, with the option to renew for two (2) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Executive Order No. 90335 on February 9, 2017, and by County Contract C-17-0259 on April 11, 2017, and by Public Building Commission on January 10, 2017 to renew the contract for an additional one (1) year period from January 14, 2017 through January 13, 2018; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning January 14, 2018 through January 13, 2019; and

WHEREAS, the estimated expenditures for the City of Lincoln for the term of this renewal shall not exceed \$160,000.00 without approval by the City of Lincoln; and

WHEREAS, the estimated expenditures for Lancaster County for the term of this renewal shall not exceed \$55,000.00 without approval by the Lancaster County Board; and

WHEREAS, the estimated expenditures for 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 Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Resolution No. A-88003 and County Contract C-14-0008, 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 January 14, 2018 through January 13, 2019.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$160,000.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$55,000.00 without approval by the Lancaster County Board.

- 4) The expenditures for 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 Public Building Commission.
- 5) 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

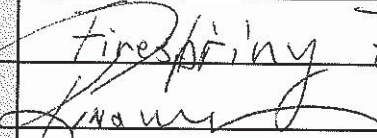
City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

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Bid No. 13-301
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
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Please sign, date and return within 5 days of receipt.

Mail to: City/County Purchasing
 Attn: Chris Lollar
 440 So. 8th St., Ste. 200
 Lincoln, NE 68508
 Or email to: clollar@lincoln.ne.gov

Company Name:	Firespring Print, Inc.
By: (Please Sign)	
By: (Please Print)	Kenin Thomas
Title:	President
Company Address:	1201 Infinity Court
Company Phone & Fax:	402-437-0000 Fax 402-437-0001
E-Mail Address:	Patti.Wenzel@firespring.com
Date:	12/7/2017
Contact Person for Orders or Service	Patti Wenzel
Contact Phone Number:	402-434-8513

City of Lincoln Signature Page

**AMENDMENT TO CONTRACT
 Annual Requirements
 Offset Printing and Related Services
 Bid No. 13-301
 City of Lincoln, Lancaster County and
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 Firespring**

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Chris Beutler, Mayor

Approved by Executive Order No. _____

dated _____

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
Annual Requirements
Offset Printing and Related Services
Bid No. 13-301
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Firespring**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

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

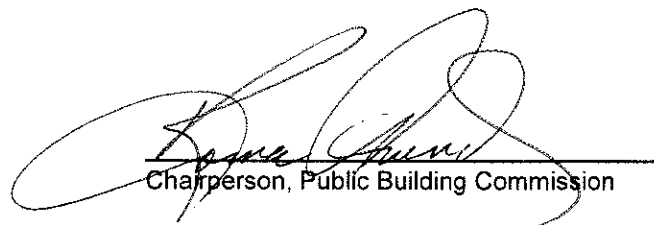
**AMENDMENT TO CONTRACT
Annual Requirements
Offset Printing and Related Services
Bid No. 13-301
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Firespring**

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:



Public Building Commission Attorney



Chairperson, Public Building Commission

dated 12/12/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2017

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 UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Megan Unvert PHONE (A/C, No. Ext): (402) 434-7200 E-MAIL ADDRESS: munvert@unicogroup.com	FAX (A/C, No): (402) 434-7272
	INSURER(S) AFFORDING COVERAGE	
INSURED Firespring Print, Inc. 1201 Infinity Ct. Lincoln NE 68512-9340	INSURER A: Philadelphia Insurance NAIC # 23850	
	INSURER B: Accident Fund Insurance Co. 10166	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17/18 All Lines **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	PHPK1677538	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK1677538	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ incl w/UM
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PHUB591073	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	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	WCV6113892	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Technology Errors and Omissions		PHPK1677549	7/1/2017	7/1/2018	Each Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Lincoln and Lancaster County are shown as Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Lincoln and 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 Shane Ideus/MUN
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Additional Named Insureds

Other Named Insureds

Firespring Creative, Inc

Corporation, Additional Named Insured

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

GENERAL LIABILITY DELUXE ENDORSEMENT: INTEGRATED TECHNOLOGY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY DELUXE ENDORSEMENT: INTEGRATED TECHNOLOGY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable

Limit of Insurance

Page #

Damage to Premises Rented to You

\$1,000,000

Page 2

Expected or Intended Injury

Property Damage

Included

Page 2

Limited Rental Lease Agreement Contractual Liability

\$50,000

Page 2

Non-Owned Watercraft

Less than 58 feet

Page 3

Damage to Property You Own, Rent or Occupy

\$30,000

Page 3

Medical Payments

\$20,000

Page 3

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Medical Payments Reporting Period

3 Years

Page 3

Athletic Activities

Amended

Page 3

Supplementary Payments

Bail Bonds

\$2,500

Page 4

Supplementary Payments Loss of Earnings

\$500 per day

Page 4

Employee Indemnification Defense Coverage

\$25,000

Page 4

Who Is An Insured

Employees and Volunteer Workers Good Samaritan Acts

Additional Insured Newly Acquired or Formed Organization Additional Insured
Managers and Supervisors (with Fellow Employee Coverage)

Additional Insured Broadened Named Insured

Additional Insured Blanket Additional Insureds When Required by
Contract

Additional Insured Lessees of Premises

Additional Insured Independent Contractors

Included

Pages 4 to 5

Duties in the Event of Occurrence, Offense, Claim or Suit

Included

Page 6

Transfer of Rights of Recovery Against Others To Us

Clarification

Page 6

Liberalization

Included

Page 6

Unintentional Failure to Disclose Hazards

Included

Page 6

All other terms and conditions of this Policy remain unchanged.

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK1677538

Additional Insured

Lens Rentals
7730 Trinity Rd Ste 110
Cordova, TN 38018-2724

General Liability

Additional Insured

City of Lincoln and Lancaster County
440 S 8th St Ste 200
Lincoln, NE 68508-2294

General Liability

Additional Insured

Lancaster County
555 S 10th St
Lincoln, NE 68508-2803

General Liability

Additional Insured

City of Lincoln, Lancaster County
555 S 10th St
Lincoln, NE 68508-2803

General Liability

Additional Insured

Cherokee Building Materials, Inc.
1222 E 60th Street South
Tulsa, OK 74146

General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

GENERAL LIABILITY DELUXE ENDORSEMENT: INTEGRATED TECHNOLOGY

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Coverage Applicable	
Limit of Insurance	
Page #	
Damage to Premises Rented to You	
\$1,000,000	
Page 2	
Expected or Intended Injury	
Property Damage	
Included	
Page 2	
Limited Rental Lease Agreement Contractual Liability	
\$50,000	
Page 2	
Non-Owned Watercraft	
Less than 58 feet	
Page 3	
Damage to Property You Own, Rent or Occupy	
\$30,000	
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Medical Payments	
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Included

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Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1677538

Agent # 342

See Supplemental Schedule

LIMITS OF INSURANCE

\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: CORPORATION

Business Description: Integrated Technology

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 1,902.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK1677538

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
Gen Liab Dec	1004	Commercial General Liability Coverage Part Declaration
Gen Liab Schedule	0100	General Liability Schedule
CG0001	0413	Commercial General Liability Coverage Form
CG2106	0514	Excl-Access/Disclosure-With Ltd Bodily Injury Except
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
CG2402	1204	Binding Arbitration
PI-GL-001	0894	Exclusion - Lead Liability
PI-GL-002	0894	Exclusion - Asbestos Liability
PI-MANU-1	0100	GENERAL LIABILITY DELUXE ENDORSEMENT: INTEGRATED TECHNOLOGY
PI-MANU-2	0100	ELECTROMAGNETIC FORCE EXCLUSION

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 Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
City of Lincoln, Lancaster County	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 "bodily injury" or "property damage" occurring after:

1. All work, including materials, 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
2. That portion 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.

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

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; 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.