AMENDMENT TO CONTRACT Annual Service Rental and Service of Industrial Gases Quote No. 5201 City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission Renewal Matheson-Trigas

This Amendment is hereby entered into by and between Matheson-Trigas, 6901 Cornhusker Hwy, Lincoln, NE 68507 (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 February 11, 2016, executed under City Directorial Order No. 14544, and County Contract C-16-0069, dated February 9, 2016, and executed by the City of Lincoln-Lancaster County Public Building Commission, on February 9, 2016 for Annual Service - Rental and Service of Industrial Gases, Quote 5201, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is February 11, 2016 through February 10, 2017, 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 Directorial Order No. 16544, executed by the City on February 10, 2017, and by County Contract C-17-0106 executed by the County Board on February 14, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission on February 14, 2017, to renew the contract for an additional one (1) year term from February 11, 2017 through February 10, 2018; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning February 11, 2018 through February 10, 2019; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$82,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$3,200.00 without approval by the Lancaster County Board; and

WHEREAS, the expenditures for the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$700.00 without approval by the Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Directorial Order No. 14544 and County Contract C-16-0069, 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 February 11, 2018 through February 10, 2019.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$82,000.00 without approval by the City of Lincoln.

- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$3,200.00 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 \$700.00 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

Tracking No. 18010139

Vendor Signature Page

AMENDMENT TO CONTRACT Annual Service Rental and Service of Industrial Gases Quote No. 5201 City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission Renewal Matheson-Trigas

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:	Mothesen Tri Gos
By: (Please Sign)	1h Pr
By: (Please Print)	Kevin Peterson
Title:	Bulk Gos Manager
Company Address:	6901 Cornhusker Hwy, Lincoln, NE (08507
Company Phone & Fax:	(402) 739-0668 Fax: (402) 434- (0016
E-Mail Address:	Kipeterson Q mathesongos, com
Date:	2/5/2018
Contact Person for Orders or Service	Kevin Peterson
Contact Phone Number:	(402) 739 - 0.668

City of Lincoln Signature Page

AMENDMENT TO CONTRACT Annual Service Rental and Service of Industrial Gases Quote No. 5201 City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission Renewal Matheson-Trigas

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 Service Rental and Service of Industrial Gases Quote No. 5201 City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission Renewal Matheson-Trigas

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 Service Rental and Service of Industrial Gases Quote No. 5201 City of Lincoln, Lancaster County and City of Lincoln-Lancaster County Public Building Commission Renewal Matheson-Trigas

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:

Public Building Commission Attorney

Chairperson, Public Building Commission

dated _____



Page 1 of 1

ΤE	(MM	/DD	/YY	YY)
2	/02	/2	01	8

ACORD	CORD [®] CERTIFICATE OF LIABILITY INSURANCE				(MM/DD/YYYY) /02/2018			
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			CONTA NAME:	СТ				
Willis of Pennsylvania, Inc.			PHONE (A/C, No	. Ext): 1-877-	-945-7378	FAX (A/C, No	1-888	-467-2378
c/o 26 Century Blvd P.O. Box 305191					cates@willi	.s.com		
Nashville, TN 372305191 USA							NAIC #	
			INSURERA: United States Fire Insurance Company				21113	
INSURED			INSURE	RB: ACE Am	erican Insu	urance Company		22667
Matheson Tri-Gas, Inc. 150 Allen Road, Suite 302			INSURE					
PO Box 626			INSURE					
Basking Ridge, NJ 07920			INSURE					
			INSURE					
COVERAGES	ERTIFI	CATE NUMBER: W5224755				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SU	es of Requi Y Per Ch Poli	INSURANCE LISTED BELOW HA REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORE ICIES. LIMITS SHOWN MAY HAVE	i of an' Ded by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE		L SUBR D WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A	_ _Y					MED EXP (Any one person)	\$	15,000
		543-219452-1		10/01/2017	10/01/2018	PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		2,000,000
OTHER:						SIR	\$	500,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
B ANY AUTO OWNED SCHEDULED	Y					BODILY INJURY (Per person)		
AUTOS ONLY AUTOS HIRED NON-OWNED	I	ISA H09062877		10/01/2017	10/01/2018	(
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-M	DE					AGGREGATE	\$	
DED RETENTION \$						PFR OTH-	\$	
AND EMPLOYERS' LIABILITY	N					X PER OTH- STATUTE ER		1,000,000
B ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N / A	WLR C64415736		10/01/2017	10/01/2018	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE		1,000,000
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		ACORD 101. Additional Remarks Schedu	ule. mav b	e attached if mor	e space is require	ed)		
This Voids and Replaces Previously Issued Certificate Dated 02/02/2018 WITH ID: W5214767. City of Lincoln ,Lancaster County and Lincoln-Lancaster County Public Building Commission are included as Additional Insureds as respects to General Liability and Auto Liability as required by written contract or agreement.								
CERTIFICATE HOLDER C				ELLATION				
City of Lincoln				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Lancaster County Lincoln-Lancaster County Public Building Commission				RIZED REPRESE	NTATIVE			
555 So. 10th Street				Jorton BG	that			
Lincoln, NE 68508			1	Jorm DE	and cont			

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

S	CI	н	Fr	Dι	II.	E
U						_

Name of Person or Organization: PER WRITTEN CONTRACT

Location and Description of Completed Operations: PER LOCATION SCHEDULE

Additional Premium:

N/A

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

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule. This person or organization is included as an insured only with respect to liability arising out of "your work" for that insured at the location designated and described in the Schedule and included in the "products-completed operations hazard".

All other terms and conditions remain unchanged.

ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured Matheson Tri-Gas, Inc.	4
Policy Symbol Policy Number Policy Period ISA H09062877 10/01/2017 TO 1	D/01/2018 Effective Date of Endorsement

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): <u>Any person or organization whom you have agreed to include as an additional insured</u> <u>under a written contract, provided such contract was executed prior to the date of loss.</u>

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
 - 1. You.
 - 2. Any of your "employees" or agents.
 - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

1

Policy Number 5432194521



SCHEDULE OF FORMS AND ENDORSEMENTS UNITED STATES FIRE INSURANCE COMPANY

Named Insured MATHESON TRI GAS INC.; Agent Name WILLIS OF PENNSYLVANIA, INC. Effective Date: 10-01-2017 12:01 A.M., Standard Time Agent No. 81503

COMMON POLICY FORMS AND ENDORSEMENTS

IL P 001 FM 303.0.14 IL 09 85 FM 206.0.6 FM 206.0.2 FM 206.0.3 IL 00 17 FM 206.0.8 IL 00 21 MI 07 001 IL 01 41 IL 02 08 FM 303.0.22	01-04 08-07 01-15 10-13 04-94 04-94 11-98 04-94 09-08 01-15 09-08 09-07 04-11	US TREASURY DEPT'S OFAC ADVISORY NOTICE EARLIER NOTICE CANCEL/NONRENEWAL BY US DISCLOSURE PURSUANT/TERROR RISK INS ACT COMMON POLICY DECLARATION SCHEDULE OF FORMS AND ENDORSEMENTS SCHEDULE OF NAMED INSUREDS SCHEDULE OF NAMED INSUREDS SCHEDULE OF LOCATIONS COMMON POLICY CONDITIONS SCHEDULE OF TAXES, SURCHARGES OR FEES NUCLEAR ENERGY LIABILITY EXCLUSION ENDT SIGNATURE PAGE - US FIRE NEW JERSEY CHANGES - CIVIL UNION NJ CHANGES-CANC & NONRENL NOTICE OF CANCELLATION FOR CERT HOLDERS
GENERAL LIABILITY	FORMS AND	ENDORSEMENTS
GENERAL LIABILITY FM 101.0.2410 FM 206.0.49 FM 101.0.1404 FM 101.0.1405 CG 26 20 CG 00 01 CG 04 35 CG 20 10 CG 20 26 CG 20 37 CG 21 65 CG 21 67 CG 21 67 CG 21 67 CG 21 67 CG 24 22 FM 101.0.1252 FM 101.0.2167 FM 101.0.2394 FM 101.0.2617 FM 101.0.2617 FM 101.0.2617 FM 101.0.2617 FM 101.0.2617 FM 101.0.2617 FM 101.0.2617 FM 206.0.38 MG 70 005 MG 70 007 MG 70 029 MG 70 030	$\begin{array}{c} 09-10\\ 08-10\\ 07-01\\ 04-94\\ 10-94\\ 10-93\\ 04-13\\ 12-07\\ 04-13\\ 04-13\\ 12-07\\ 12-04\\ 12-04\\ 12-04\\ 12-04\\ 01-15\\ 07-98\\ 04-13\\ 109-02\\ 05-04\\ 06-12\\ 04-108\\ 05-14\\ 10-03\\ 10-15\\ 10-15\\ 10-15\\ 10-15\\ 10-17\\ 07-17\\ 07-17\end{array}$	DESIGNATED CONSTRUCTION PROJECT GEN AGG COMPOSITE RATING PLAN ENDORSEMENT-GL COMM GL COV PART SUPP DECLARATION COMM GL COV PART SUPP DECLARATION NJ CHANGES - LOSS INFORMATION COMMERCIAL GENERAL LIABILITY COV FORM EMPLOYEE BENEFITS LIABILITY COVERAGE ADDL INSD - OWNERS/LESSEES/CONTRACTORS ADDL INSD-DESIGNATED PERSON/ORGANIZATION ADDL INSD-OWNERS/LESSEES/CONTR-COMP OPS EMPLOYMENT-RELATED PRACTICES EXCLUSION TOTAL POLLUTION EXCL-WITH EXCEPTIONS FUNGI OR BACTERIA EXCLUSION EXCL OF PUNITIVE DAM REL TO CERTIF ACT EXCL NUC/BIO/CHEM CERT ACTS-TERR; CAP LS EXCESS PROVISION VENDORS AMEND OF COV TERR-WORLDWIDE COVERAGE ABSOLUTE ASBESTOS EXCLUSION CROSS LIABILITY EXCLUSION ESCAPED GAS ENDORSEMENT ADD INSURED-OWNERS, LESSEES, CONTRACTORS LEAD EXCLUSION - NEW JERSEY WAIVER OF TRANSFER RIGHTS OF RECOVERY EXCL-ACC/DISCL OF CONFI OR PERSONAL INFO MISDELIVERY OF LIQUID PRODUCTS COVERAGE CONTRACTUAL LIABILITY - RAILROADS MINIMUM EARNED PREMIUM ENDORSEMENT SELF- INSURED RETENTION ENDORSEMENT GENERAL LIABILITY DEDUCTIBLE ENDORSEMENT WELDING HEALTH HAZARD COVERAGE LIMITATIO WAIVER OF GOVERNMENTAL OR SOV IMMUNITY GENERAL LIABILITY ENHANCEMENT ENDT

Policy Number 5432194521



SCHEDULE OF NAMED INSUREDS UNITED STATES FIRE INSURANCE COMPANY

Named Insured MATHESON TRI GAS INC.; Agent Name WILLIS OF PENNSYLVANIA, INC. Effective Date: 10-01-17 12:01 A.M., Standard Time Agent No. 81503

FM 206.0.6 (cont.)

THE NAMED INSURED ON FORM FM 206.0.6 IS AMENDED TO READ:

MATHESON TRI GAS INC.; MTG (HOLDINGS) PROPANE I CORP. (P/K/A CAXTON-ISEMAN (HOLDINGS) PROPANE I CORP); MTG FUNDING LLC; RASIRC, INC.; VNG PROPANE LLC; WESTERN INTERNATIONAL GAS & CYLINDERS, INC.; CONTINENTAL CARBONIC PRODUCTS, INC; PIONEER MATERIALS, INC.; 3-D WELDING & INDÚSTRIAL SUPPLY INC.