AMENDMENT TO CONTRACT Annual Supply Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 City of Lincoln and Lancaster County Renewal Sapp Bros Petroleum, Inc.

This Amendment is hereby entered into by and between Sapp Bros Petroleum, Inc., 5901 Cornhusker Hwy., Lincoln, NE 68507 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated April 10, 2015 executed under City Directorial Order No. 12886, and County Contract C-15-0151, dated March 31, 2015 for Annual Supply - Anti-Freeze/Coolants/Windshield Washer Fluid, Bid No. 15-065, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is April 10, 2015 through April 9, 2016, 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. 14768, executed by the City on March 29, 2016, and by County Contract C-16-0157 executed by the County Board on April 5, 2016, to renew the contract for an additional one (1) year term from April 10, 2016 through April 9, 2017; and

WHEREAS, the Contract was amended by City Directorial Order No. 16816, executed by the City on April 3, 2017, and by County Contract C-17-0247 executed by the County Board on April 4, 2017, to renew the contract for an additional one (1) year term from April 10, 2017 through April 9, 2018; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning April 10, 2018 through April 9, 2019; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$10,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 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. 12886 and County Contract C-15-0151, 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 April 10, 2018 through April 9, 2019.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$10,000.00 without approval by the City of Lincoln.
- The expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 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 Supply
Anti-Freeze/Coolants/Windshield Washer Fluid
Bid No. 15-065
City of Lincoln and Lancaster County
Renewal
Sapp Bros Petroleum, Inc.

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:	SAPP BROS, INC.
By: (Please Sign)	Jany Con
By: (Please Print)	Cory L. PENCET
Title:	SERVIOR SALES
Company Address:	5901 CORNHUSKEN HWY, LINCOLN NIDE 68507
Company Phone & Fax:	(402) 466-5522 FAX3 402-466-5529
E-Mail Address:	grence a sappbros, net
Date:	3-22-18
Contact Person for Orders or Service	Gary L. PENCET
Contact Phone Number:	402 - 580 - 4236

City of Lincoln Signature Page

AMENDMENT TO CONTRACT **Annual Supply** Anti-Freeze/Coolants/Windshield Washer Fluid Bid No. 15-065 **City of Lincoln and Lancaster County** Renewal Sapp Bros Petroleum, Inc.

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST: City Clerk, Deputy

CITY OF LINCOLN, NEBRASKA

Finance Director

Approved by Directorial Order No. 18929

Lancaster County Signature Page

AMENDMENT TO CONTRACT
Annual Supply
Anti-Freeze/Coolants/Windshield Washer Fluid
Bid No. 15-065
City of Lincoln and Lancaster County
Renewal
Sapp Bros Petroleum, 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) 08/24/2017

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) CONTACT NAME: PRODUCER CLIENT CONTACT CENTER FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C, No, Ext): 888-333-4949 HOME OFFICE: P.O. BOX 328 (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM OWATONNA, MN 55060 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED INSURER B 333-016-4 SAPP BROS INC, SBT INC, SAPP BROS TRAVEL CENTERS INSURER C: PO BOX 45305 INSURER D: OMAHA, NE 68145-0305

COVERAGES CERTIFICATE NUMBER: 254 REVISION NUMBER: 5

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.

INSURER E: INSURER F:

INSR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
								MED EXP (Any one person)	EXCLUDED
Α			Y	N	9414748	09/30/2017	09/30/2018	PERSONAL & ADV INJURY	\$1,000,000
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							
	⊢	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	
Α	OWNED AUTOS ONLY AUTOS		Υ	N	N 9414748	09/30/2017	09/30/2018	BODILY INJURY (Per accident)	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
L									
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
l	<u> </u>	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
DED RETENTION									
l	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-	
١,	AN	ANY PROPRIETOR/PARTNER/EXECUTIVE		OPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCI		E.L. EACH ACCIDENT	\$1,000,000		
A				N	N 9414750	09/30/2017	09/30/2018	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L DISEASE - POLICY LIMIT	\$1,000,000
							·		
ŀ									
ļ									
need	DIDT	FION OF OPERATIONS / LOCATIONS / VEHICLE	e (600	ann e	M. Additional Downston Ochadula				

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

S B FUELS INC

CITY OF LINCOLN & LANCASTER COUNTY ARE INCLUDED AS ADDITIONAL INSUREDS.

CERTIFICATE HOLDER	CANCELLATION
333-016-4 254 5 CITY OF LINCOLN & LANCASTER COUNTY 555 S 10TH ST LINCOLN, NE 68508-2803	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

POLICY NUMBER: 9414748

COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

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 Organizations:	Location(s) Of Covered Operations
OTY OF LINCOLN NEBRASKA	ANY COVERAGE PROVIDED BY THIS
ANCASTER COUNTY NEBRASKA	ENDORSEMENT APPLIES ONLY TO DELIVERY OF
40 S 8TH ST STE 200	FUEL TO THE CITY
INCOLN NE 68508	

- 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

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.

SAPP BROS INC. PO BOX 45305 OMAHA NE 68145

- 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.

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Transaction Effective Date: 09-30-2017

Page 1 of 2

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY,

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

INSURED: SAPP BROS INC PO BOX 45305 OMAHA NE 68145

- WHO IS AN INSURED for "bodily injury" and "property damage" liability is amended to include the Additional
 Insured specified below but only with respect to liability arising out of your operations or premises owned by
 or rented to you.
- The insurance does not apply to "bodily injury" or "property damage" liability arising out of the sole negligence of the Additional Insured named below.
- We agree to notify the Additional Insured named below at the address stated below of any cancellation of, or material change to, this policy.

Relationship of the Additional Insured to the Insured:

ANY COVERAGE PROVIDED BY THIS ENDORSEMENT APPLIES ONLY TO THE DELIVERY OF ANTIFREEZE BY THE INSURED. ADDITIONAL INSURED ALSO INCLUDES CITY OF LINCOLN & LANCASTER COUNTY.

Additional insured Name and Address:

CITY OF LINCOLN & LANCASTER COUNTY PURCHASING CITY & COUNTY 440 S 8TH LINCOLN NE 68508

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CA-F-75 (10-13) Policy Number: 9414748 Transaction Effective Date: 09-30-2017

POLICY NUMBER: 9414748

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 Organizations:	Location(s) Of Covered Operations
CITY OF LINCOLN NEBRASKA	ANY COVERAGE PROVIDED BY THIS
_ANCASTER COUNTY NEBRASKA	ENDORSEMENT APPLIES ONLY TO DELIVERY OF
140 S 8TH ST STE 200	FUEL TO THE CITY
LINCOLN NE 68508	

nformation required to complete this Schedule_if and

A. Section II - Who Is An Insured is include as an additional insured the organization(s) shown in the Sched with respect to liability for "bo "property damage" or "personal and injury" caused, in whole or in part, by:

- 1. Your acts or omissions; or
- The acts or omissions of those act behalf:

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

However:

- 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.

SAPP BROS INC PO BOX 45305 OMAHA NE 68145 be shown in the Declarations.

pect to the insurance afforded to these insureds, the following additional apply:

ance does not apply to "bodily injury" or damage" occurring after:

ork, including materials, parts or nent 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.

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Page 1 of 2

Policy Number: 9414748

Transaction Effective Date: 09-30-2017

- 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.



AGENCY CUSTOMER ID:	333-016-4
LOC #	



ADDITIONAL REMARKS SCHEDULE

Page __1_ of __1_

FEDERATED MUTUAL INSURANCE COMPANY	NAMED INSURED SAPP BROS INC, SBT INC, SAPP BROS TRAVEL CENTERS PO BOX 45305	
POLICY NUMBER SEE CERTIFICATE # 254.7		OMAHA, NE 68145-0305
SEE CERTIFICATE # 254.7	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 254.7
ADDITIONAL DEMADES		

RIER NAIC CODE						
SEE CERTIFICATE # 254.7	IIAIO GODE	EFFECTIVE DATE: SEE CERTIFICATE # 254.7				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,					
FORM NUMBER: 25 FORM TITLE: CERTIFICATE C	OF LIABILITY	INSURANCE				
ADDITIONAL NAMED INSUREDS INCLUDE S B FUELS INC						
CITY OF LINCOLN & LANCASTER COUNTY ARE INCLUDED AS ADDITIONAL INSUREDS. GENERAL LIABILITY COVERAGE CONTAINS CG 25 03 DESIGNATED CONSTRUCTION GENERAL AGGREGATE LIMIT ENDORSEMENT APPLICABLE TO EACH CONSTRUCTION PROJECT AS REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT. GENERAL LIABILITY CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY ENDORSEMENT. WORKERS COMPENSATION CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER. BUSINESS AUTO LIABILITY CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY ENDORSEMENT.						

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

	inis endors	iemeni, enective on U1-04-2016	at 12:01 A.M. standard time, forms a part of
	Policy No.	9414750	
	Issued to	SAPP BROS INC	
	Issued by	FEDERATED MUTUAL INSURA	NCE COMPANY
	Endorseme	nt No. 1	
			Authorized Representative
ou	our right as perform wor	gainst the person or organization k under a written contract that re	from anyone liable for an injury covered by this policy. We will not enforce on named in the Schedule. (This agreement applies only to the extent that equires you to obtain this agreement from us.) r indirectly to benefit anyone not named in the Schedule.
		or organization for whom the No written contract to furnish this wa	

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WC 00 03 13 (04-84) Issue Date: 02-01-2018