

**AMENDMENT TO CONTRACT
Furniture and Installation – Teknion LLC
TCPN Contract R142214
City of Lincoln and Lancaster County
Renewal
Teknion LLC**

This Amendment is hereby entered into by and between Teknion LLC, 350 Fellowship Road, Suite 100, Mount Laurel, NJ 08054 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated July 2, 2015 executed under City Resolution No. A-89058, and County Contract C-15-0289, dated June 16, 2015 for Furniture and Installation – Teknion LLC, TCPN Contract R142214, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is July 2, 2015 through April 30, 2018, with the option to renew for two (2) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning May 1, 2018 through April 30, 2019; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$35,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$50,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Resolution No. A-89058 and County Contract C-15-0289, 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 May 1, 2018 through April 30, 2019.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$35,000.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$50,000.00 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

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TCPN Contract R142214
City of Lincoln and Lancaster County
Renewal
Teknion LLC**

Please sign, date and return within 5 days of receipt.

Mail to: City/County Purchasing
Attn: Lori L. Irons
440 So. 8th St., Ste. 200
Lincoln, NE 68508
Or email to: liron@lincoln.ne.gov

Company Name:	Teknion LLC
By: (Please Sign)	
By: (Please Print)	Jeffrey M. Kraus
Title:	Vice President Business Operations
Company Address:	350 Fellowship Road, Suite 100 Mt. Laurel, NJ 08054
Company Phone & Fax:	Phone: 856-596-7608 Fax: 856-552.5830
E-Mail Address:	angie.hoffman@teknion.com
Date:	April 20, 2018
Contact Person for Orders or Service	Angie Hoffman
Contact Phone Number:	856-552-5618

City of Lincoln Signature Page

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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
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TCPN Contract R142214
City of Lincoln and Lancaster County
Renewal
Teknion LLC**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

November 15, 2017

Mr. Jeffrey M. Kraus
Vice President Business Operations
Teknion, LLC
Jeff.kraus@teknion.com
350 Fellowship Road – Suite 100
Mount Laurel, NJ 08054

Re: Renewal Award of Contract # R142214

Dear Mr. Kraus:

Per official action taken by the Board of Directors of Education Service Center, Region 4 on October 24, 2017, National IPA is pleased to announce that Teknion, LLC has been awarded an annual contract renewal for the following, based on the sealed proposal submitted to Region 4 on December 10, 2014, and subsequent performance thereafter:

Contract

Furniture & Installation

The contract will expire on April 30, 2019, completing the fourth year of a five-year term contract. **If you have any questions or if your company is not in agreement, please contact your designated Contract Manager, Christine Dorantes, at 615-431-8182 or Christine.dorantes@nationalipa.org.**

The partnership between Teknion, LLC and Region 4 can be of great help to participating agencies. Please provide copies of this letter to your sales representative(s) to assist in their daily course of business.

Sincerely,

Kelly Burnett

Kelly Burnett
Contract Analyst



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 13 WB NX2384

Endorsement Number:

Effective Date: 07/10/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: TEKNION LLC

350 FELLOWSHIP RD
MOUNT LAUREL, NJ 08054

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION
FROM WHOM YOU ARE REQUIRED
BY WRITTEN CONTRACT OR
AGREEMENT TO OBTAIN THIS
WAIVER OF RIGHTS FROM US.

Countersigned by _____

Authorized Representative

Form WC 00 03 13 Printed in U.S.A.

Process Date: 07/14/17

Policy Expiration Date: 07/10/18

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 INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500	CONTACT NAME: Sunshine Roberts
	PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-483-7977 E-MAIL ADDRESS: sroberts@insproins.com
INSURED Office Interiors and Design, Inc. 121 Cherry Hill Blvd. Lincoln, NE 68510	INSURER(S) AFFORDING COVERAGE INSURER A : QBE Insurance Corporation NAIC # 39217
	INSURER B : Guarantee Insurance Company 11398
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :


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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CFB0688137	06/23/2017	06/23/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		CBA0688131	06/23/2017	06/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		CCU0688132	06/23/2017	06/23/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP101275903GIC	06/23/2017	06/23/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

**** Workers Comp Information ****
 Proprietors/Partners/Executive Officers/Members Excluded:
 Diane Pickerel, Owner 51%
 (See Attached Descriptions)

CERTIFICATE HOLDER City of Lincoln- Lancaster County, Lincoln-Lancaster County Public Bldg Comm 555 So. 10th Street Lincoln, NE 68504	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 
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DESCRIPTIONS (Continued from Page 1)

City of Lincoln, Nebraska; Lancaster County, Nebraska; Lincoln-Lancaster County Public Building Commission are named as Additional Insured in regards to general liability coverage.

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:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

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

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. 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.

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:
- a. 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
 - b. 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.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured Office Interiors and Design, Inc.

Effective Policy No.
WCP101275903GIC

Endorsement No.
Premium

Insurance Company
Guarantee Insurance Company

Countersigned by _____