C-18-0206 Tracking Number: 18040162

## 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

Tracking Number: 18040162

## **Vendor Signature Page**

## AMENDMENT TO CONTRACT Furniture and Installation – Teknion LLC 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: Ilirons@lincoln.ne.gov

Company Name:	Teknion LLC
By: (Please Sign)	follow
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**

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

## **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
Furniture and Installation – Teknion LLC
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



## NATIONAL INTERGOVERNMENTAL PURCHASING ALLIANCE

November 15, 2017

Mr. Jeffrey M. Kraus Vice President Business Operations Teknion, LLC <u>Jeff.kraus@teknion.com</u> 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

www.nationalipa.org EXPERIENCED + FOCUSED + TRUSTED

Client#: 26910

## ACORD.

Marsh & McLennan Agency LLC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2018

FAX (A/C, No):

**TEKNILLC** 

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).

PHONE (A/C, No, Ext): 201 845-6600 E-MAIL

250 Pello Avenue, Suite 400 Saddie Brook, N. J 07663  NEURER Toknion LLC 350 Fellowship Road, Suite 100 Mount Laurel, N.J 08054  REURER : REURING REURER : REVISION NUMBER: REURING RE	Park 80 West, Plaza Two			ADDRESS:						
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		Lincoln, NE 68508			ļ	AUTHORIZED REPRESENTATIVE				



## 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



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2018

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).

RODUCER

COMPACT

LOWISE

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this certificate does not confer rights to	o the	certi	ificate holder in lieu of su	ıch end	orsement(s)					
PRODUCER				CONTACT Louise Lam						
HUB International HKMB Limited 595 Bay Street, Ste 900				PHONE (A/C, No. Ext): 416-597-0008 FAX (A/C, No): 416-597-2313						
Toronto, ON M5G 2E3				E-MAIL ADDRESS: Louise.lam@hubinternational.com						
							DING COVERAGE			NAIC#
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INSURED				INSURE	RB:					
Teknion LLC 350 Fellowship Road				INSURE	RC:					
Suite 100 Mt. Laurel, NJ 08054				INSURE	RD:					
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age 1 of 2 © 1988-2015 ACORD CORPORATION. All rights reserved.

555 So. 10th Street Lincoln, NE 68508 Client#: 56204

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2018

OFFIC1

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 cortificate holder in lieu of such andorsement(s)

PRODUCER	to Holder III hod of odon offdercomenta	<i></i>	CONTACT Sunshine Roberts			
INSPRO Insurance P.O. Box 6847			NAME:   Sunstitute Roberts   PHONE (A/C, No, Ext): 402-483-4500   FAX (A/C, No): 402   E-MAIL ADDRESS: sroberts@insproins.com			
•	NE 68506		INSURER(S) AFFORDING	COVERAGE	NAIC#	
402 483-4500			INSURER A: QBE Insurance Corporation		39217	
INSURED			INSURER B : Guarantee Insurance Company		11398	
	Office Interiors and Design, Inc.		INSURER C:			
121 Cherry Hill Blvd.		INSURER D:				
Lincoln , NE 68510			INSURER E:			
			INSURER F:			
COVERAC	GES CERTIFICATI	NUMBER:	REVISION	ON NUMBER:		

COVERAGES CER	TIFICATE	= NUMBER:	KF;	1	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES			VISSUED TO			POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE	QUIREMEI	NT, TERM OR CONDITION OF ANY	CONTRACT O	R OTHER DO	CUMENT 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.					
	ADDLSUB	R	POLICY EFF	POLICY EXP		
INSR TYPE OF INSURANCE  Δ Y COMMERCIAL GENERAL LIABILITY	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	X	CFB0688137	06/23/2017	06/23/2018	DAMAGE TO BENTED	\$1,000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
					MED EXP (Any one person)	\$5,000
				and the second	PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:					COMPINED ONOUGH HIEF	\$
A AUTOMOBILE LIABILITY	X	CBA0688131	06/23/2017	06/23/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ANY AUTO					BODILY INJURY (Per person)	\$
ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						\$
A X UMBRELLA LIAB X OCCUR	X	CCU0688132	06/23/2017	06/23/2018	EACH OCCURRENCE	\$2,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
DED RETENTION\$						\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP101275903GIC	06/23/2017	06/23/2018	X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$500,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
						<u> </u>
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOF	RD 101, Additional Remarks Schedule, may	be attached if mo	ore space is requ	ired)	
** Workers Comp Information **						
Proprietors/Partners/Executive Office	Proprietors/Partners/Executive Officers/Members Excluded:					
Diane Pickerel, Owner 51%						
(See Attached Descriptions)						
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Proprietors/Partners/Executive Officers/Members Excluded: Diane Pickerel, Owner 51%	
(See Attached Descriptions)	
CERTIFICATE HOLDER	CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE City of Lincoln-Lancaster THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN County, Lincoln-Lancaster County ACCORDANCE WITH THE POLICY PROVISIONS. Public Bldg Comm 555 So. 10th AUTHORIZED REPRESENTATIVE Street Lincoln, NE 68504 James D. Mibbed

	DESCRIPT	IONS (Continue	ed from Page 1)		
City of Lincoln, Nebraska; are named as Additional I	: Lancaster County, Nebras nsured in regards to gener	ska; Lincoln-Lancaster ( al liability coverage.	County Public Building Co	ommission	

## 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 s	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
  - 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.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 06/23/2017	Countersigned By:
Named Insured:Office Interiors and Design Inc.	
	(Authorized Representative)

## **SCHEDULE**

Name of Person(s) or Organization(s):	
City of Lincoln, Lancaster County, and City of Lincoln-Lancaster (	County Public Building Commission

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

(Ed. 4-84)

## 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.
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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\_\_\_\_\_

WC 00 03 13 (Ed. 4-84)