

**AMENDMENT TO CONTRACT**  
**Annual Service**  
**Used Oil Collection Services**  
**Quote No. 5371**  
**City of Lincoln and Lancaster County**  
**Renewal**  
**TSO**

This Amendment is hereby entered into by and between TSO, 1770 Otto Road, Cheyenne, WY 82001 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated July 12, 2016 executed under City Directorial Order No. 15390, and County Contract C-16-0349, dated July 5, 2016 for Annual Service - Used Oil Collection Services, Quote No. 5371 which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is July 12, 2016 through July 11, 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. 17345, executed by the City on June 23, 2017, and by County Contract C-17-0436 executed by the County Board on June 27, 2017, to renew the contract for an additional one (1) year term from July 12, 2017 through July 11, 2018;

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning July 12, 2018 through July 11, 2019; and

WHEREAS, "Contracted Vendors" shall mean all vendors who contract or who have contracted with the Owners pursuant to Quote No. 5371 for Annual Service - Used Oil Collection Services; and

WHEREAS, "Contracts" shall mean the collective contracts entered into between the County and the Contracted Vendors pursuant to Quote No. 5371 for Annual Service - Used Oil Collection Services; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$6,000.00 for Contracts without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$2,500.00 for Contracts 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. 15390 and County Contract C-16-0349, 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 July 12, 2018 through July 11, 2019.
- 2) "Contracted Vendors" shall mean all vendors who contract or who have contracted with the Owners pursuant to Quote No. 5371 for Annual Service - Used Oil Collection Services.

- 3) "Contracts" shall mean the collective contracts entered into between the County and the Contracted Vendors pursuant to Quote No. 5371 for Annual Service - Used Oil Collection Services.
- 4) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$6,000.00 for Contracts without approval by the City of Lincoln.
- 5) The expenditures for Lancaster County for the term of this renewal shall not exceed \$2,500.00 for Contracts without approval by the Lancaster County Board.
- 6) 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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**AMENDMENT TO CONTRACT  
Annual Service  
Used Oil Collection Services  
Quote No. 5371  
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Renewal  
TSO**

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

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

<b>Company Name:</b>	TRI STATE OIL RECLAIMERS
<b>By: (Please Sign)</b>	
<b>By: (Please Print)</b>	Clay Long
<b>Title:</b>	Safety Manager ~ Sales
<b>Company Address:</b>	1770 OTTO ROAD
<b>Company Phone &amp; Fax:</b>	
<b>E-Mail Address:</b>	TSOCLAY@GMAIL.COM
<b>Date:</b>	5/30/18
<b>Contact Person for Orders or Service</b>	KATHY HILL - DISPATCH
<b>Contact Phone Number:</b>	307 635 5332

City of Lincoln Signature Page

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EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

*Teresa J. Meier*  
City Clerk



CITY OF LINCOLN, NEBRASKA

*David Kopf*  
Finance Director

19471

Approved by Directorial Order No. \_\_\_\_\_

dated *June 14, 2018*

**Lancaster County Signature Page**

**AMENDMENT TO CONTRACT  
Annual Service  
Used Oil Collection Services  
Quote No. 5371  
City of Lincoln and Lancaster County  
Renewal  
TSO**

**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**

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER <b>USI Insurance Svcs CL Cheyenne</b> 1904 Warren Ave. Cheyenne, WY 82001 307 635-4231	CONTACT NAME: <b>Dana Gregory</b>
	PHONE (A/C, No, Ext): <b>307-635-4231</b> FAX (A/C, No): <b>307-635-4237</b> E-MAIL ADDRESS: <b>dana.gregory@usi.com</b>
INSURED  <b>Tri State Oil Reclaimers, Inc.</b> 1770 Otto Road Cheyenne, WY 82001	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : HDI Global Insurance Company <b>41343</b>
	INSURER B : International Ins Co of Hannover plc <b>99999</b>
	INSURER C : Admiral Insurance Company <b>24856</b>
	INSURER D : Evanston Insurance Company
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	EGGCR000249318	02/15/2018	02/15/2019	EACH OCCURRENCE      \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$100,000 MED EXP (Any one person)      \$0 PERSONAL & ADV INJURY      \$2,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	EAGCR000249318	02/15/2018	02/15/2019	COMBINED SINGLE LIMIT (Ea accident)      \$2,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X	X	MKLV1EFX100187	05/08/2018	02/15/2019	EACH OCCURRENCE      \$3,000,000 AGGREGATE      \$3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH)      N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below		X	EWGCR000249318	02/15/2018	02/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$1,000,000 E.L. DISEASE - EA EMPLOYEE      \$1,000,000 E.L. DISEASE - POLICY LIMIT      \$1,000,000
B	Cargo Liability			MTC18E193801	02/15/2018	02/15/2019	\$10,000 w/ \$1,000 Ded
C	Pollution Liab			FEIEIL1952004	02/15/2018	02/15/2019	\$1MIL w/ \$10,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**WY Employers Liability/Stop Gap Limit \$1,000,000 Accident/Employee/Aggregate. If required by written contract or agreement, The City of Lincoln/Lancaster County is named as additional insured on a primary & non-contributory bases with waiver of subrogation on the auto and general liability. Waiver of Subrogation is included on work comp. Excess Liability is following form of Auto and General Liability.**

<b>CERTIFICATE HOLDER</b>  City of Lincoln/Lancaster County 555 South 10th Street Lincoln, NE 68508	<b>CANCELLATION</b>  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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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
AS REQUIRED BY WRITTEN CONTRACT , , ,	
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.



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  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
AS REQUIRED BY WRITTEN CONTRACT	
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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 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.

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

**EARLIER NOTICE OF CANCELLATION  
PROVIDED BY US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Number of Days' Notice 30

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

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

## SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: EGGCR000249318

EFFECTIVE DATE: 02-15-2018

NAMED INSURED: TRI STATE OIL RECLAIMERS, INC.

### FORMS

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NUMBER	EDITION DATE	TITLE
ENILSU	4003	POLICY JACKET
ENILSU	4003	POLICY JACKET
CGDS01	1001	COMMERCIAL GENERAL LIABILITY DECLARATIONS
ENEXTS	CH04	CGL EXTENSION FORM
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0224	1093	EARLIER NOTICE OF CANCELLATION PROVIDED BY US (FOR USE WITH CGL, LIQUOR, POLLUTION AND PRODUCTS POLICIES)
CG2010	0413	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG2011	0413	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG2037	0413	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2135	1001	EXCLUSION - COVERAGE C - MEDICAL PAYMENTS
CG2147	1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2196	0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG2266	1185	MISDELIVERY OF LIQUID PRODUCTS COVERAGE
CG2404	0509	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
CG2425	1204	LIMITED FUNGI OR BACTERIA COVERAGE
CG2427	0413	LIMITED CONTRACTUAL LIABILITY - RAILROADS
ENAPN	C041	ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY
ENFILL	LIAB	FUEL DEALERS AUTOMATIC FILL LIABILITY
ENLEAD	0411	EXCLUSION - LEAD (Not Applicable in NH, ME, NJ)
ENDIS0	411	EXCLUSION - DISCRIMINATION
ENASB0	411	EXCLUSION - ASBESTOS
ENNONC	UM04	AMENDMENT - NON CUMULATION OF EACH OCCURRENCE LIMIT AND NON CUMULATION OF PERSONAL AND ADVERTISING INJURY LIMIT
ENRDM0	411	RADIOACTIVE MATTER EXCLUSION ENDORSEMENT
EN3104	11	TOTAL POLLUTION EXCLUSION WITH SPECIFIED BUSINESS ACTIVITIES
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG0160	0798	WYOMING CHANGES
CG0444	1103	STOP GAP - EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - WYOMING
DCT		FORMS SCHEDULE
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0985	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
ENNOTO	C071	NOTICE OF OCCURRENCE (do not use for Mass only risk)
ENMENT	0711	MENTAL ANGUISH EXCEPTION (do not use for Mass only risk)
ENE0AP	P071	INADVERTENT E&O IN APPLICATION (do not use for Mass only risk)
ENKNWO	C071	KNOWLEDGE OF OCCURRENCE (do not use for Mass only risk)
ENRPG0	411	NOTICE TO PURCHASE GROUP MEMBERS
ENILSU	4003	SIGNATURE PAGE

**SCHEDULE OF FORMS AND ENDORSEMENTS**

ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
IL0114	1013	WYOMING CHANGES - DEFENSE COSTS
IL0252	0907	WYOMING CHANGES - CANCELLATION AND NONRENEWAL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

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

**WHO IS AN INSURED**, under **SECTION II – LIABILITY COVERAGE, A. COVERAGE**, is amended to include as an "insured", any person or organization you are required to add as an additional insured on this policy under a written contract, agreement or permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to an "accident" for which coverage provided to an additional insured under this endorsement applies.

The insurance provided to this additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability arising out of your operations performed for that additional insured as specified in the written contract, agreement or permit.
2. The limits of insurance applicable to the additional insured are those in written contract, agreement, permit or in the Declarations for this policy, whichever are less. These limits of insurance are inclusive of and not in addition to the Limit of Insurance for Liability Coverage shown in the Declarations.
3. Coverage is not provided for "bodily injury" or "property damage" arising out of the sole negligence of the additional insured.

Any coverage provided hereunder will be excess over and other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary.

When this insurance is in excess, we will have no duty to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insurer's rights against all those other insurers.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY  
COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART  
MOTOR CARRIER COVERAGE PART

**SCHEDULE**

Name of Person(s) or Organization(s)
Where required by written Contract

This insurance shall be excess over any other insurance naming the scheduled additional insured as an insured on a primary, excess, contingent, or on any other basis unless:

1. A written contract or agreement specifically requires that this insurance be primary and noncontributory.
2. The written contract is signed and executed by the named insured and additional insured prior to any "bodily injury", "property damage" or "personal and advertising injury".
3. This policy does not apply for defense or indemnity of the additional insured if state or federal law does not permit indemnification of the additional insured by the Named Insured for the claim of a third party.
4. This insurance does not apply to the additional insured's liability to indemnify, defend or hold harmless a third party.

POLICY NUMBER: EAGCR000249318

COMMERCIAL AUTO  
CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

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

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

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

Named Insured: TRI STATE OIL RECLAIMERS, INC.

Endorsement Effective Date:

### SCHEDULE

Name(s) Of Person(s) Or Organization(s):  
AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

## SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: EAGCR000249318

EFFECTIVE DATE: 02-15-2018

NAMED INSURED: TRI STATE OIL RECLAIMERS, INC.

### FORMS

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NUMBER	EDITION DATE	TITLE
MCS900	117	ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980
ENLSU	4003	POLICY JACKET
CADS03	1013	BUSINESS AUTO DECLARATIONS
DCT		DCT SCHEDULE FOR CADS03
DCT		DCT SCHEDULE FOR CADS03 ITEM FOUR
CA0001	1013	BUSINESS AUTO COVERAGE FORM
CA0444	1013	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)
CA2055	1013	FELLOW EMPLOYEE COVERAGE
CA2305	1013	WRONG DELIVERY OF LIQUID PRODUCTS
CA2394	1013	SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE
CA9903	1013	AUTO MEDICAL PAYMENTS COVERAGE
CA9933	1013	EMPLOYEES AS INSUREDS
CA9937	1013	GARAGEKEEPERS COVERAGE
CA9944	1013	LOSS PAYABLE CLAUSE
CA9948	1013	POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS - BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS
ENAI50	5709	BLANKET ADDITIONAL INSURED ENDORSEMENT
ENCAAI	PNC0	ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY COVERAGE
EN5040	0409	BROADENED COVERAGE ENDORSEMENT
CA0113	1013	COLORADO CHANGES
CA0440	1013	COLORADO AUTO MEDICAL PAYMENTS COVERAGE
CA2150	1013	COLORADO UNINSURED MOTORISTS COVERAGE - BODILY INJURY
CA0220	1013	MONTANA CHANGES - CANCELLATION AND NONRENEWAL
CA3133	1013	MONTANA UNDERINSURED MOTORISTS COVERAGE - NONSTACKED
CA3135	0116	MONTANA UNINSURED MOTORISTS COVERAGE - NONSTACKED
CA0156	1113	NEBRASKA CHANGES
CA0221	1013	NEBRASKA CHANGES - CANCELLATION
CA2170	1013	NEBRASKA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
CA9935	1113	NEBRASKA AUTO MEDICAL PAYMENTS COVERAGE
CA0159	1116	UTAH CHANGES
CA2162	1114	UTAH UNINSURED MOTORISTS COVERAGE
CA2244	1116	UTAH PERSONAL INJURY PROTECTION
CA3106	1114	UTAH UNDERINSURED MOTORISTS COVERAGE
CA0144	1013	WYOMING CHANGES - DUTY TO DEFEND
CA2123	1013	WYOMING UNINSURED MOTORISTS COVERAGE
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
ENNOTO	C071	NOTICE OF OCCURRENCE (do not use for Mass only risk)
ENMENT	0711	MENTAL ANGUISH EXCEPTION (do not use for Mass only risk)
ENE0AP	P071	INADVERTENT E&O IN APPLICATION (do not use for Mass only risk)



## SCHEDULE OF FORMS AND ENDORSEMENTS

ENKNWO	C071	KNOWLEDGE OF OCCURRENCE (do not use for Mass only risk)
ENRPG0	411	NOTICE TO PURCHASE GROUP MEMBERS
ENILSU	4003	SIGNATURE PAGE
DCT		FORMS SCHEDULE
IL0125	1113	COLORADO CHANGES - CIVIL UNION
IL0169	0907	COLORADO CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0228	0907	COLORADO CHANGES - CANCELLATION AND NONRENEWAL
IL0167	1013	MONTANA CHANGES - CONFORMITY WITH STATUTES
IL0180	0907	MONTANA CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0021	0502	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0266	0908	UTAH CHANGES - CANCELLATION AND NONRENEWAL
IL0114	1013	WYOMING CHANGES - DEFENSE COSTS
IL0252	0907	WYOMING CHANGES - CANCELLATION AND NONRENEWAL