AMENDMENT TO CONTRACT Annual Supply - Lubricants Bid No. 15-133 City of Lincoln and Lancaster County Renewal with Price Increase 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 September 23, 2015 executed under City Executive Order No. 88653, and County Contract C-15-0464, dated September 8, 2015 for Annual Supply - Lubricants, Bid No. 15-133, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is September 1, 2015 through August 31, 2016, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contact was amended by City Executive Order No. 89731, executed by the City on August 23, 2016, and by County Contract No. C-16-0522, Executed by the County Board on September 6, 2016, to renew the Contract for an additional one (1) year term from September 1, 2016 through August 31, 2017; and

WHEREAS, the Contact was amended by City Executive Order No. 90134, executed by the City on September 7, 2017, and by County Contract No. C-17-0703, Executed by the County Board on August 29, 2017, to renew the Contract for an additional one (1) year term from September 1, 2017 through August 31, 2018; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning September 1, 2018 through August 31, 2019; and

WHEREAS, the parties hereby amend the Contract to reflect a price increase per Attachment A; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$228,800.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$57,200.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Executive Order No. 88653 and County Contract C-15-0464, 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 September 1, 2018 through August 31, 2019.

- 2) The parties hereby amend the Contract to reflect a price increase per Attachment A.
- 3) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$228,800.00 without approval by the City of Lincoln.
- 4) The expenditures for Lancaster County for the term of this renewal shall not exceed \$57,200.00 without approval by the Lancaster County Board.
- 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

Vendor Signature Page

AMENDMENT TO CONTRACT
Annual Supply - Lubricants
Bid No. 15-133
City of Lincoln and Lancaster County
Renewal with Price Increase
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 Petroleum
By: (Please Sign)	Lat few
By: (Please Print)	Matthew Pence
Title:	
Company Address:	5901 Cornhusker HWY Lincoln NE 68507
Company Phone & Fax:	402-466-5522 Fax 402-466-5529
E-Mail Address:	Mpence @ sappbios. net/wpraeuner@sappbios.net
Date:	7-27-18
Contact Person for Orders or Service	Matt Pence Wade Praeuner
Contact Phone Number:	402-830-6398 402-253-9018

City of Lincoln Signature Page

AMENDMENT TO CONTRACT
Annual Supply - Lubricants
Bid No. 15-133
City of Lincoln and Lancaster County
Renewal with Price Increase
Sapp Bros. Petroleum, Inc.

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 Supply - Lubricants
Bid No. 15-133
City of Lincoln and Lancaster County
Renewal with Price Increase
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

Attachment A

Bros. Petroleum

In Nebraska -Blue Springs, Crete, Falls City, Filley, Humboldt, Lincoln. In Kansas – Hanover

5901 Cornhusker Hwy Lincoln, NE 68507 Telephone (402)-466-5522 Toll Free 1-888-727-7788 Fax # (402)-466-5529

July 13, 2018

Robert Walla,

Sapp Bros. Petroleum remains committed to providing you with the highest quality ExxonMobil products along with the highest level of customer service.

ExxonMobil branded and unbranded lubricants and greases have had a price increase of up to 10% on April 23, 2018 and recently, another increase of up to 9% on July 1, 2018. The April price increase resulted in roughly a \$0.66/gal increase, with July coming in at \$0.42/gal. Unfortunately, Sapp Bros. Petroleum has found it to be unable to absorb these price increases and in turn, will be increasing the prices to our customers.

Please also find attached a price sheet showing the current prices (in red) followed by the new prices (in blue). Again, the price increases only affect the ExxonMobil branded and unbranded products. Other items remain unchanged.

We appreciate your business always, and look forward to continuing being your lubricant supplier.

Thank you, Wade Praeuner Sapp Bros. Petroleum 402-253-9018



ExxonMobil Fuels & Lubricants Company 22777 Springwoods Village Parkway Spring, TX 77389



CONFIDENTIAL*

June 1, 2018

Dear Distributor,

Effective July 1, 2018, ExxonMobil branded and unbranded PVL, CVL, IND, Marine & Aviation lubricants and greases will increase in price by up to 9%. Different price treatment may apply to selected products.

We encourage you to place orders consistent with historical order patterns. ExxonMobil reserves the right to limit orders of individual products consistent with 100% of historical monthly average quantities.**

Your ExxonMobil contact will have more details on your specific account pricing and will be in contact with you soon.

You are an important customer to ExxonMobil, and we thank you for your continued business.

Sincerely,

On behalf of ExxonMobil Fuels & Lubricants Company

N. Hedman

^{*}This letter contains confidential information for receipt and use solely for the addressee(s). If you have received this letter (or copy of it) in error, please delete and/or destroy it and kindly notify the sender.

^{**} For example, if a customer has purchased an average of 250 [gallons] of product each month for the preceding 6 months, and it wishes to order 350 [gallons], then it may purchase 250 [gallons] at its current price and 100 [gallons] at its new price.



CONFIDENTIAL*

March 22, 2018

Dear Distributor,

Effective April 23, 2018, ExxonMobil branded and unbranded PVL, CVL, IND, Marine & Aviation lubricants and greases will increase in price by up to 10 percent. Different price treatment may apply to selected products.

We encourage you to place orders consistent with historical order patterns. ExxonMobil reserves the right to limit orders of individual products consistent with 100% of historical monthly average quantities.**

Your ExxonMobil contact will have more details on your specific account pricing and will be in contact with you soon.

You are an important customer to ExxonMobil, and we thank you for your continued business.

Sincerely,

On behalf of ExxonMobil Fuels & Lubricants Company

N. Hedman

^{*}This letter contains confidential information for receipt and use solely for the addressee(s). If you have received this letter (or copy of it) in error, please delete and/or destroy it and kindly notify the sender.

^{**} For example, if a customer has purchased an average of 250 [gallons] of product each month for the preceding 6 months, and it wishes to order 350 [gallons], then it may purchase 250 [gallons] at its current price and 100 [gallons] at its new price.

CITY OF LINCOLN / LANCASTER COUNTY BID

EFFECTIVE 9-01-1015, MODIFIED: 12/13/2016, 6/28/2017, 3/1/18, **7/14/18**

(Previous prices in RED, new prices in BLUE)

	evious price		,				D D	1104	UNIT	CA	SE/OT	UED		UNIT
ITEM DESCRIPTION - EXXON MOBIL PRODUCT	BUL	.K		UNIT		55 GAL	DΚ	UIVI	UNIT	CA	SE/ U I	ПЕК		ONT
MOBIL DELVAC 1300 15W40 (CK-4)	\$ 11.02	\$	12.10	/ GAL	\$	11.53	\$	12.61	-	Not bid	- Mo	Del 1300		
MOBIL HDEO 15W40 (CK-4) (formerly "Fleet")	\$ 8.46	\$	9.54	/ GAL	\$	8.91	\$	9.99	/ GAL	\$ 24	.12	\$25.95		
MOBIL SUPER SYN 5W20 & SUPER SYN 5W30 (DEXOS)	\$ 19.66	\$	20.74	/ GAL	\$	19.66		20.74	/ GAL	\$ 15	.16	\$16.37/	gal 4/:	I GAL
MOBIL SUPER HI=MILEAGE 5W20 (GF-5)					\$	15.25		16.33						
MOBIL HYDRAULIC 10 WT.	\$ 12.41	\$	13.49	/ GAL	\$	12.66	\$	13.74	/ GAL					
MOBIL MULTI-VEHICLE ATF	\$ 17.91	\$	18.99	/ GAL										
MOBIL ATF D/M					\$	10.34	<u> </u>	11.42						
MOBIL FLUID 424	\$ 8.41	\$	9.49	/ GAL	\$	8.56	\$		/ GAL			www.		
MOBIL TRANS HD 30W	\$ 12.42		13.50		\$	12.81	\$	13.89	/ GAL					
MOBIL TRANS HD 50W	\$ 14.53		15.61											
MOBIL DTE 10 EXCEL 46	\$ 14.04	\$	15.12	/ GAL										
MOBIL AERO HFA					\$	36.16	<u> </u>	37.24						
CHAIN GUARD BAR AND CHAIN OIL					UI	NCH	\$	4.71	/ GAL					
MOBIL SPECIAL 5W30 (GF-5)	\$ 7.76	\$		/ GAL										
MOBIL 80W90 MULTIPURPOSE GEAR LUBRICANT-GX	\$ 1.54	\$	1.69	/ LB.	\$	1.60	\$		/ LB.					
MOBIL 85W140 MULTIPURPOSE GEAR LUBIRCANT-GX	\$ 1.78	\$	1.93	/ LB.	\$	1.78	\$		/ LB.					
MOBIL SYN 75W90					\$	3.97	\$	4.12	/ LB.					
PEAK FULL SYN 75W140	UNCH	\$	4.08	/LB.	L									
MOBIL GREASE XHP 222 SPECIAL					\$	3.09	\$		/ LB.	\$ 2	.79 \$		94 /T	UBE
ANTIFREEZE						5		AL DRU				5 / 1 CAS		
FINAL CHARGE (CONC)						unch	<u> </u>	12.51		unch			24 / 0	
FINAL CHARGE (50/50)						unch	\$	6.54		unch	<u> </u>		50 / 0	
PEAK GLOBAL (CONC)						unch	\$	7.97	/ GAL	unch				SAL
PEAK GLOBAL (50/50)						unch	\$	5.17		unch			51 / 0	
RV A/F						unch	\$	3.35	/ GAL	unch	\$		54 / 0	SAL
MISC - OIL DRY												EACH		
1-9 BAGS										unch			80 / E	
10 OR MORE										unch			72 / E	
75 - PALLET	-									unch	\$	4.	70 / E	JAG

CITY OF LINCOLN / LANCASTER COUNTY BID

EFFECTIVE 9-01-1015, MODIFIED 12/13/2016, MODIFIED 6/28/2017, **MODIFIED 3/1/2018**

ITEM DESCRIPTION - EXXON MOBIL PRODUCT	BULK	UNIT	DRUM	UNIT			UNIT
MOBIL DELVAC 1300 15W40 (CK-4)	\$ 12.10	/ GAL	\$ 12.61 /	GAL	Not bi	d - Mo Del 130	0 15W40
MOBIL HDEO 15W40 (CK-4) (formerly "Fleet")	\$ 9.54	/ GAL	\$ 9.99 /	GAL		\$25.95/cs	6/1 qt
MOBIL SUPER SYN 5W20 & SUPER SYN 5W30 (DEXOS)	\$ 20.74	/ GAL	\$ 20.74 /	GAL		\$16.37/ga	4/1 GAL
MOBIL SUPER HI=MILEAGE 5W20 (GF-5)			\$ 16.33 /	GAL			
MOBIL HYDRAULIC 10 WT.	\$ 13.49	/ GAL	\$ 13.74 /	GAL			
MOBIL MULTI-VEHICLE ATF	\$ 18.99	/ GAL					
MOBIL ATF D/M			\$ 11.42 /	GAL			
MOBIL FLUID 424	\$ 9.49	/ GAL	\$ 9.64 /	GAL			
MOBIL TRANS HD 30W	\$ 13.50	/ GAL	\$ 13.89 /	GAL			
MOBIL TRANS HD 50W	\$ 15.61	/ GAL					
MOBIL DTE 10 EXCEL 46	\$ 15.12	/ GAL					
MOBIL AERO HFA			\$ 37.24 /	GAL			
CHAIN GUARD BAR AND CHAIN OIL			\$ 4.71 /	GAL			
MOBIL SPECIAL 5W30 (GF-5)	\$ 8.84	/ GAL					
MOBIL 80W90 MULTIPURPOSE GEAR LUBRICANT-GX	\$ 1.69	/ LB.	\$ 1.75 /	LB.			
MOBIL 85W140 MULTIPURPOSE GEAR LUBIRCANT-GX	\$ 1.93	/ LB.	\$ 1.93 /				
MOBIL SYN 75W90		1	\$ 4.12 /	LB.			
PEAK FULL SYN 75W140	\$ 4.08	/LB.					
MOBIL GREASE XHP 222 SPECIAL			\$ 3.24 /	LB.	\$		/TUBE
ANTIFREEZE			 AL DRUM			/ 1 CASES	
FINAL CHARGE (CONC)			\$ 12.51 /	GAL	\$	12.24	-
FINAL CHARGE (50/50)			\$ 6.54 /	GAL	\$	8.50	
PEAK GLOBAL (CONC)			\$ 7.97 /	GAL	\$	11.20	
PEAK GLOBAL (50/50)			\$ 5.17 /	GAL	\$	6.51	-
RV A/F			\$ 3.35 /	GAL	\$	3.54	/ GAL
MISC - OIL DRY						EACH	
1-9 BAGS					\$	4.80	
10 OR MORE					\$	4.72	
75 - PALLET					\$	4.70	/ BAG



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	
	X	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			Υ	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
	×	ANY AUTO						BODILY INJURY (Per person)	
Α	<u> </u>	OWNED AUTOS ONLY AUTOS	Υ	N	9414748	09/30/2017	09/30/2018	BODILY INJURY (Per accident)	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
L	<u> </u>								
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
l	<u> </u>	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
Щ	L	DED RETENTION							
l	ŀ	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY						X PER STATUTE OTH-	
	AN'	Y PROPRIETOR/PARTNER/EXECUTIVE			0444750	00 70 70 47		E.L. EACH ACCIDENT	\$1,000,000
Α		FICER/MEMBER EXCLUDED?	N/A	N	9414750	09/30/2017	09/30/2018	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		es, describe under SCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	\$1,000,000
ļ									
				.					
DESC	DIDT	FION OF OPERATIONS / LOCATIONS / VEHICLE	r /40	ann ee	M. Additional Domeston Bakedala	h441	3		

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 25- 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
TTY 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	
	<u> </u>

- 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.

@ Insurance Services Office, Inc., 2012

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

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

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

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				
CITY OF LINCOLN NEBRASKA	ANY COVERAGE PROVIDED BY THIS				
LANCASTER COUNTY	ENDORSEMENT APPLIES ONLY TO				
440 S. 8TH ST STE 200	DELIVERY OF FUEL TO THE CITY				
LINCOLN, NE 68508					
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
 - 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:

- 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:

- 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.

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		OMAHA, NE 68145-0305
CARRIER SEE CERTIFICATE # 254.7	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 254.7
ADDITIONAL DEMARKS	·	

CARRIER	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



CERTIFICATE OF LIABILITY INSURANCE

RECEIVED

DATE (MM/DD/YYYY) 18 07/26/2018

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 TO 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.

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

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).												
PROD FED HOI	DUCER DERATED MUTUAL INSURANCE COMP ME OFFICE: P.O. BOX 328 ATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664									
	,			ŀ	ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURER A: FEDERATED MUTUAL INSURANCE COMPANY				13935			
INSU	RED			333-016-4	INSURER B:							
	P BROS INC, SBT INC, SAPP BROS T	RAVE	L CE	NTERS	INSURER C:							
	BOX 45305 AHA, NE 68145-0305			,	INSURER D:							
Civil	ATTA, NE 00 140-0000				INSURER E:							
					INSURER F:							
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 254			REVISION NUM	BER: 0				
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				
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		\$1,000,000			
	CLAIMS-MADE X OCCUR		Y				DAMAGE TO RENTE PREMISES (Ea occu	ED rrence)	\$100,000			
							MED EXP (Any one	person)	EXCLUDED			
Α		Y		9414748	09/30/2018	09/30/2019	PERSONAL & ADV INJURY		\$1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$2,000,000			
	X POLICY PRO- OTHER:						PRODUCTS - COMP	OP AGG	\$2,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE	LIMIT	\$1,000,000			
	X ANY AUTO						(Ea accident) BODILY INJURY (Pe	r person)	.,,,			
Α	OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY		Υ	9414748	09/30/2018	09/30/2019	BODILY INJURY (Pe	er accident)				
							PROPERTY DAMAG	E				
							(Per accident)					
	UMBRELLA LIAB OCCUR						EACH OCCURRENC	E				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE					
	DED RETENTION											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				09/30/2019	E.L. EACH ACCIDEN		\$1,000,000			
Α	OFFICER/MEMBER EXCLUDED?		Y	9414750	09/30/2018		E.L. DISEASE - EA E	MPLOYEE	\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POL	ICY LIMIT	\$1,000,000			
	DESCRIPTION OF OFERATIONS BELOW								ψ1,000,000			
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule, ma	y be attached if more sp	pace is required)						
SEE	ATTACHED PAGE											
CER	TIFICATE HOLDER				CANCELLATION							
	-016-4			254 0	AUMACEDATION							
CIT 555	Y OF LINCOLN & LANCASTER COUNT S 10TH ST COLN, NE 68508-2803	254 0	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
				ſ	AUTHORIZED REPRESENTATIVE							
			Michael 6 Kerr									