

**AMENDMENT TO CONTRACT**  
**Annual Service**  
**Cleaning Services - County Engineering Office,**  
**Shop and Weed Control Office**  
**Bid No. 16-228**  
**Lancaster County**  
**Additional Services**  
**Rise N' Shine**

This Amendment is hereby entered into by and between Rise N' Shine, 5610 NW Fairway Dr., Lincoln, NE 68521 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated November 15, 2016, executed under County Contract No. C-16-0668, for Annual Service - Cleaning Services - County Engineering Office, Shop and Weed Control Office Lancaster County, Bid No. 16-228, which is made a part hereof by this reference.

WHEREAS, the parties hereby amend the contract to add cleaning services for the Lancaster County Adult Probation Office at the MSC Building located at 901 West Bond, Ste 200, Entrance E, Lincoln, NE 68521 per Attachment A; and

WHEREAS, the expenditure for this service is estimated to be \$2,500.00 for the remainder of the current term; and

WHEREAS, the revised contract total with the additional services is estimated to be \$7,900.00; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the County Contract No. C-16-0668 and stated herein the parties agree as follows:

- 1) The parties hereby amend the contract to add cleaning services for the Lancaster County Adult Probation Office at the MSC Building located at 901 West Bond, Ste 200, Entrance E, Lincoln, NE 68521 per Attachment A.
- 2) The expenditure for this service is estimated to be \$2,500.00 for the remainder of the current term.
- 3) The revised contract total with the additional services is estimated to be \$7,900.00.
- 4) All other terms of the Contract, not in conflict with this Amendment, shall remain in full 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:

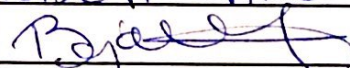
Vendor Signature Page  
Lancaster County Signature Page

# Vendor Signature Page

**AMENDMENT TO CONTRACT**  
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**Lancaster County**  
**Additional Services**  
**Rise N' Shine**

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

E-mail to Debbie Winkler  
dwinkler@lincoln.ne.gov

|                                       |   |
|---------------------------------------|---|
| Company Name:                         | Rise n' shine Cleaning LLC  |
| By: (Please Sign)                     |  |
| By: (Please Print)                    | BOJANA MAJSTOROVIC  |
| Title:                                | owner   |
| Company Address:                      | 5610 NW Fairway Dr. Lincoln, NE 68521   |
| Company Phone & Fax:                  | (402) 601-3286  |
| E-Mail Address:                       | bmajstorovic@hotmail.com  |
| Date:                                 | 08-14-18  |
| Contact Person for: Orders or Service | BOJANA MAJSTOROVIC  |
| Contact Phone Number:                 | (402) 601-3286  |

**Lancaster County Signature Page**

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**AMENDMENT TO CONTRACT  
Annual Service  
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Shop and Weed Control Office  
Bid No. 16-228  
Lancaster County  
Additional Services  
Rise N' Shine**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

\_\_\_\_\_  
Deputy Lancaster County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

dated \_\_\_\_\_

**Rise N' Shine Cleaning Company LLC**

**5610 NW Fairway Dr.**

**Lincoln, NE 68521**

**(402)601-3286**

**Cleaning Services Bid Proposal**

Proposal #: 1

Date: 07/030/2018

Name of the company: Rise n' Shine Cleaning LLC

Address: 5610 NW Fairway Dr.

Lincoln, NE 68521

Phone #: (402)601-3286

E-Mail: bmajstorovic@hotmail.com

Client Name: Cindy Wohlers –Green

We hereby submit estimates for the following cleaning services of your building located at 901 West Bond Ste. 200 Entrance E, Lincoln, NE 68521

Service provided three days per week (Monday, Thursday and Friday)

\* Empty trash

\* Vacuum carpeted areas including stairs

**\* TOTAL COST PER MONTH FOR SERVICE PROVIDED THREE TIMES PER WEEK  
\$625.00**

**Terms and Conditions**

1. This agreement will expire: Agreement not signed yet.
2. The contract can be terminated by either party by a 30 day written notice.
3. Invoice will be sent at the end of each month.

Quoted by: Bojana Majstorovic

**Acceptance of proposal:** The above prices and specifications are satisfactory and are hereby accepted. You are authorized to do the work as described above to do the work in a timely and professional manner. Payment will be made on the date described above.

**Signature of Acceptance**

**Date**

\_\_\_\_\_

\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2018

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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>Nebraska Innovative Insurance<br>P.O. Box 5211<br><br>Lincoln NE 68505                             |  | <b>CONTACT NAME:</b> Thomas J Hoeft<br><b>PHONE (A/C, No, Ext):</b> (402) 466-5735<br><b>FAX (A/C, No):</b> (877) 349-6998<br><b>E-MAIL ADDRESS:</b> tom@neinnovativeinsurance.com  |  |
| <b>INSURED</b><br><br>Bojana Majstorvic dba Rise N' Shine Cleaning, LLC<br>5610 NW Fairway Dr<br><br>Lincoln NE 68521 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> TRI STATE INS CO OF MN NAIC # 31003<br><b>INSURER B:</b> NorGUARD Insurance Company 31470<br><b>INSURER C:</b> Continental Western Group 10804<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | ADV3174544-21 | 07/10/2018              | 07/10/2019              | 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        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | CPA3187897-21 | 07/10/2018              | 07/10/2019              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |           |          |               |                         |                         |   | \$           |
| C        | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><br>DED RETENTION \$   |           |          | CPA3187897-21 | 07/10/2018              | 07/10/2019              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | AGGREGATE                                 | \$           |
|          |   |           |          |               |                         |                         |   | \$           |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br><br>Y/N <input type="checkbox"/> N/A  |           |          | BOWC800755    | 11/09/2017              | 11/09/2018              | PER STATUTE                               | OTH-ER       |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 100,000   |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 100,000   |
|          |   |           |          |               |                         |                         | 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)

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Commission is listed as an additional insured when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster<br>County Public Commission<br>555 S 10th St<br>Lincoln NE 68508 | 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<br>  |

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**Issuing Company:** Tri-State Insurance Company of Minnesota, 11201 Douglas Ave, Des Moines, IA 50306-1594  
**Claim Handling Office:** P.O. Box 1594, Des Moines, IA 50306-1594; 800-235-2942  
**After Hours Claim Reporting:** 866-232-6724  
**Underwriting Servicing Office:** 3641 Village Dr, Lincoln, NE 68516; 800-456-7688

## COMMERCIAL GENERAL LIABILITY DECLARATIONS

**Policy No.:** ADV 3174544 - 21  
**Previous Policy No.:** 3174544-20

| NAMED INSURED AND ADDRESS   | AGENCY NAME AND ADDRESS   | 41514 |
|---|---|-------|
| Bojana Majstorovic DBA Rise N' Shine Cleaning LLC<br>5610 NW Fairway Dr<br>Lincoln, NE 68521-3825 | (402) 466-5735<br>Nebraska Innovative Insurance<br>PO Box 5211<br>Lincoln, NE 68505 |       |

### POLICY PERIOD

Policy Period: From 07/10/2018 to 07/10/2019 at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business:

Individual\_\_\_\_ Partnership\_\_\_\_ Joint Venture\_\_\_\_ Trust\_\_\_\_ Limited Liability Company\_\_X\_\_  
Organization, including a corporation (but not including a partnership, joint venture or limited liability company)\_\_\_\_

**TOTAL ADVANCE PREMIUM \$ 670**

### LIMITS OF INSURANCE

|   |              |                                |
|---|--------------|--------------------------------|
| Each Occurrence Limit                         | \$ 1,000,000 |                                |
| Damage to Premises Rented to You Limit        | \$ 300,000   | Any One Premises               |
| Medical Expense Limit                         | \$ 10,000    | Any One Person                 |
| Personal & Advertising Injury Limit           | \$ 1,000,000 | Any One Person or Organization |
| General Aggregate Limit                       | \$ 2,000,000 |                                |
| (Other Than Products-Completed Operations)    |              |                                |
| Products-Completed Operations Aggregate Limit | \$ 2,000,000 |                                |

### Location of All Premises You Own, Rent or Occupy:

See attached "Schedule of Locations"

**Policy No.:** ADV 3174544 - 21

**CLASSIFICATION & PREMIUM**

The Premium & Classifications are subject to change by audit. Audit period: ANNUALLY

| <b>Classification</b>  | <b>Code No.</b> | <b>Premium Base</b> | <b>Prem/ Ops</b> | <b>Rate<br/>Prod/<br/>Comp<br/>Ops</b> | <b>Advance Premium<br/>Prem/<br/>Ops</b> | <b>Prod/<br/>Comp<br/>Ops</b> | <b>Other</b> |
|--|-----------------|---------------------|------------------|--|--|-------------------------------|--------------|
| <b>Nebraska</b>  |                 |                     |                  |  |  |                               |              |
| <b>Location #1</b>   |                 |                     |                  |  |  |                               |              |
| Janitorial Services - Products-completed operations are subject to the General Aggregate Limit | 96816           | 87,400 Payroll      | 6.524            |  | \$570                                    |                               |              |
| Premium for Endorsements   |                 |                     |                  |  |  |                               | <b>\$350</b> |
| <b>Total Advance Premium</b>   |                 |                     |                  |  |  |                               | <b>\$670</b> |

**FORMS ATTACHED TO THIS POLICY**

See attached "Schedule of Forms and Endorsements"



Policy Number: **ADV 3174544 - 21**

## SCHEDULE OF FORMS AND ENDORSEMENTS

The following Declarations, Coverage Forms, Conditions, and Endorsements are applicable to:

### Commercial General Liability

| <u>State*</u> | <u>Number</u> | <u>Edition</u> | <u>Description</u>   |
|---------------|---------------|----------------|--|
| ALL           | IL 02 59      | 12-2017        | Nebraska Changes - Cancellation and Nonrenewal   |
| ALL           | B CG DS 01    | 10-2001        | Commercial General Liability Declarations  |
| ALL           | CL CG FS 01   | 09-2008        | Schedule of Forms and Endorsements   |
| ALL           | CG 00 01      | 04-2013        | Commercial General Liability Coverage Form   |
| ALL           | CG 21 06      | 05-2014        | Exclusion - Access or Disclosure of Confidential Or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception |
| ALL           | CG 21 09      | 06-2015        | Exclusion - Unmanned Aircraft  |
| ALL           | CG 21 46      | 07-1998        | Abuse Or Molestation Exclusion   |
| ALL           | CG 21 47      | 12-2007        | Employment Related Practices Exclusion   |
| ALL           | CG 21 54      | 01-1996        | Exclusion - Designated Operations Covered By A Consolidated (Wrap - Up) Insurance Program  |
| ALL           | CG 21 67      | 12-2004        | Fungi Or Bacteria Exclusion  |
| ALL           | CG 21 75      | 01-2015        | Exclusion of Certified Acts of Terrorism & Exclusion of Other Acts of Terrorism Committed Outside The United States                        |
| ALL           | CG 21 96      | 03-2005        | Silica Or Silica - Related Dust Exclusion  |
| ALL           | CG 24 26      | 04-2013        | Amendment Of Insured Contract Definition   |
| ALL           | CG 25 03      | 05-2009        | Designated Construction Project(s) General Aggregate Limit   |
| ALL           | CG 25 04      | 05-2009        | Designated Locations(s) General Aggregate Limit  |
| ALL           | CL CG 01 14   | 09-2016        | Primary and Noncontributory - Other Insurance Condition (Additional Insured)   |
| ALL           | CL CG 04 92   | 09-2016        | General Liability Ultra Plus Endorsement   |
| ALL           | CL CG 20 62   | 09-2016        | Additional Insured - Owners, Lessees or Contractors - Completed Operations: Automatic Status   |
| ALL           | CL CG 21 45   | 11-2010        | Exclusion - Lead Exclusion   |
| ALL           | CL CG 24 01   | 09-2016        | Bodily Injury Redefined  |

*\*When the word "ALL" appears in the state column, the form applies to all states on the policy.*

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

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION  
(ADDITIONAL INSURED)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Paragraph **(v)** is added to Paragraph **(1)(a)** of Paragraph **b. Excess Insurance** under Paragraph **4. Other Insurance** of **Section IV – Commercial General Liability Conditions**, as follows:

**(1)** This insurance is excess over:

**(a)** Any of the other insurance, whether primary, excess, contingent or on any other basis:

**(v)** That is available to any person or organization who has been added as an additional insured to this policy by endorsement.

However, with respect to an additional insured added by endorsement for liability caused, in whole or in part:

1. By your acts or omissions, or the acts or omissions of those acting on your behalf:
  - (a)** In the performance of your ongoing operations; or
  - (b)** In connection with your premises;
2. By your maintenance, operation or use of equipment leased to you by such person or organization; or
3. By “your work” performed for that additional insured and included in the “products-completed operations hazard”;

this insurance shall be primary to and will not seek contribution from the additional insured’s own insurance if you and such additional insured have agreed prior to loss in a written contract or written agreement, in effect during this policy period, that this insurance be primary and noncontributory as respects liability described in Subparagraph **(1)(a)(v)1.**, **(1)(a)(v)2.** or **(1)(a)(v)3.** above. However, this insurance, in all cases, is excess over any other liability insurance available to the additional insured to which such person or organization has been added as an additional insured.