

**AMENDMENT TO MEMORANDUM OF UNDERSTANDING**  
**Annual Supply**  
**Food Service and Related Items**  
**UNL RFP 2335-14-5010**  
**Lancaster County**  
**Renewal**  
**Cash-Wa Distribution Co., Inc.**

This Amendment is hereby entered into by and between Cash-Wa Distribution Co., Inc., 401 West 4th Street, Kearney, NE 68848 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Memorandum of Understanding (hereinafter "MOU"), dated November 14, 2017, under County Contract No. C-17-0876, for Annual Supply - Food Service and Related Items, UNL RFP 2335-14-5010, which is made a part hereof by this reference.

WHEREAS, the original term of the MOU is November 14, 2017 through July 31, 2018, with the option to renew for one (1) additional one (1) year term upon written mutual consent of both parties; and

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

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 without approval by the Lancaster County Board of Commissioners; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-17-0876, and stated herein the parties agree as follows:

- 1) The parties hereby renew the MOU for an additional one (1) year term beginning August 1, 2018 through July 31, 2019.
- 2) The expenditures for Lancaster County for the term of this renewal shall not exceed \$4,000.00 without approval by the Lancaster County Board of Commissioners.
- 3) All other terms of the MOU, 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

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**AMENDMENT TO MEMORANDUM OF UNDERSTANDING**  
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**Renewal**  
**Cash-Wa Distribution Co., Inc.**

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

<b>Company Name:</b>	Cash Wa Distributing Co.
<b>By: (Please Sign)</b>	<i>Bob Kruse</i>
<b>By: (Please Print)</b>	Bob Kruse
<b>Title:</b>	Director of Multi Unit Accounts
<b>Company Address:</b>	401 W. 4th St. Kearney Ne. 68848
<b>Company Phone &amp; Fax:</b>	800-652-0010 Ext. 4219 Fax # 308-234-6018
<b>E-Mail Address:</b>	<a href="mailto:bob.kruse@cashwa.com">bob.kruse@cashwa.com</a>
<b>Date:</b>	8.23.2018
<b>Contact Person for: Service or Orders"</b>	Bob Kruse
<b>Contact Phone Number:</b>	800-652-0010 Ext. 4219

**Lancaster County Signature Page**

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**AMENDMENT TO MEMORANDUM OF UNDERSTANDING  
Annual Supply  
Food Service and Related Items  
UNL RFP 2335-14-5010  
Lancaster County  
Renewal  
Cash-Wa Distribution Co., Inc.**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

MOU Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

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

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

dated \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2018

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> UNICO Group of Kearney 8 West 56th Street #3B Kearney, NE 68847	<b>CONTACT NAME:</b> (KEA) Pat Hellriegel	
	<b>PHONE (A/C, No, Ext):</b> 308 698-2005	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> phellriegel@unicogroup.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Cash Wa Distributing Co of Kearney, Inc. P.O. Box 309 Kearney NE 68848	<b>INSURER A:</b> Cincinnati Insurance Co.	10677
	<b>INSURER B:</b> Cincinnati Indemnity	23280
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 43857347

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/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP0895531	12/1/2017	12/1/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			CAA5878346	12/1/2017	12/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CPP0895531	12/1/2017	12/1/2018	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC0465739	12/1/2017	12/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							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)

University of NE RFP 2335-14-5010 - Food and Related Items  
 The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status only when there is a written contract between the named insured and the certificate holder/entity that requires such status prior to a loss. The City of Lincoln and Lancaster County are listed as additional insureds on the automobile liability policy. The City of Lincoln and Lancaster County are listed on the workers compensation waiver of subrogation endorsement. Policies include thirty day notice of cancellation endorsements.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lincoln  
 Lancaster County  
 555 So. 10th Street  
 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

(LIN) Scott Nelson

ACORD 25 (2016/03)

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# FORMS AND ENDORSEMENTS SCHEDULE AT INCEPTION OF POLICY

POLICY NUMBER **CPP 089 55 31** EFFECTIVE DATE **12-01-2017**

NAMED INSURED **CASH WA DISTRIBUTING CO OF KEARNEY INC**

## FORMS AND ENDORSEMENTS APPLICABLE AT INCEPTION OF POLICY

FA244	05/11	EQUIPMENT BREAKDOWN COVERAGE (EXCLUDING PRODUCTION MACHINERY)
FA4052	04/06	CINCIPLUS COMMERCIAL PROPERTY EXPANDED COVERAGE ENDORSEMENT
FA4101	09/09	NOTICE TO POLICYHOLDERS - SEWER BACKUP
FA4168	05/16	NOTICE TO POLICYHOLDERS
FA213	05/16	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
FA202	05/16	TEMPERATURE CHANGE LOSS FORM
FA231	05/16	ORDINANCE OR LAW COVERAGE
FA4043	05/16	LIMITATION ON LOSS SETTLEMENT - MARGIN CLAUSE
FA4044	02/06	MARGIN CLAUSE SCHEDULE OF VALUES
FA405	04/04	MONTHLY REPORTING ENDORSEMENT
FA4144	05/16	WINDSTORM OR HAIL DOLLAR DEDUCTIBLE
FA479	04/04	VALUE REPORTING FORM
FM201	05/16	BUSINESS PERSONAL PROPERTY EXTENSION OF COVERAGE ENDORSEMENT
GA501	10/01	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
GA406	01/92	COMMERCIAL GENERAL LIABILITY SCHEDULE (SUPPLEMENTAL)
GA101	12/04	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
GA4194WY	07/98	WYOMING CHANGES
GA250WY	07/09	STOP GAP - EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - WYOMING
GA251ND	12/09	STOP GAP - EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - NORTH
GA4250	11/05	MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE INSURANCE LAWS
GA472	10/01	AUTOMATIC ADDITIONAL INSURED - WHEN REQUIRED IN A CONTRACT OR
CG2018	11/85	ADDITIONAL INSURED--MORTGAGEE, ASSIGNEE, OR RECEIVER
CG2133	11/85	EXCLUSION--DESIGNATED PRODUCTS
GA210	02/07	COMMERCIAL GENERAL LIABILITY BROADENED ENDORSEMENT
GA3024	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL
GA322	10/01	CONTRACTUAL LIABILITY EXCLUDING DESIGNATED PRODUCTS - COMPLETED
GA399	05/15	EXCLUSION - TOBACCO OR NICOTINE HEALTH HAZARD
GA4079	10/01	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
GA4094	10/01	PRIMARY/NONCONTRIBUTORY AMENDMENT OF CONDITIONS FOR DESIGNATED A
GA478	12/04	BODILY INJURY EXCEPTIONS TO POLLUTANT EXCLUSION
GA519	01/97	CLAIMS MADE EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
GA116	04/16	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM

This is a schedule of the forms and endorsements found in this policy on its inception date. The schedule is not updated during the policy term to reflect additions to or deletions from this schedule. No coverage is provided by this schedule. It does not replace any provision of your policy. You should read your policy and review your declarations page(s) and any subsequent endorsements carefully for complete information on the coverage that you are provided. If there is any conflict between the policy and this schedule, the provisions of the policy shall prevail.

# THE CINCINNATI INSURANCE COMPANY

A STOCK INSURANCE COMPANY

## COMMERCIAL **GENERAL LIABILITY** COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: **CPP 089 55 31** Effective Date: **12-01-2017**

Named Insured: **IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATIONS**

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT	\$ <u>1,000,000</u>	
GENERAL AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u>	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$100,000 limit unless otherwise indicated herein:	\$ <u>REFER TO GA210</u>	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT \$5,000 limit unless otherwise indicated herein:	\$ <u>REFER TO GA210</u>	ANYONEPERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll C - Gross Sales D - Units E - Other	RATE		ADVANCE PREMIUM	
			Products / Completed Operations	All Other	Products / Completed Operations	All Other
BROADENED COVERAGE	20291			2.5%		750
ADDITIONAL INSUREDS	29956					25
ADDITIONAL INSUREDS	29938					35
AUTOMATIC ADDITIONAL INSUREDS	29939					1,214
BI EXCEPTIONS TO POLLUTANT EXCLUSION	20410			2%		328
DIST.-FOOD OR DRINK NE SD WY	12361	C IF ANY C IF ANY C IF ANY	0.125 0.141 0.133	0.102 0.063 0.143	STA STA STA	STA STA STA
DIST.-NO FOOD OR DRINK NE SD WY	12362	C 17,894,000 C 1,630,000 C 114,000	0.273 0.294 0.291	0.044 0.055 0.094	4,885 479 33	787 90 11
VACANT LAND-NFP ONLY INCL PROD AND/OR COMP OP CONT ON GA406	49452	E 10 EACH		1.082		11

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ **37,049**

**FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**

GA406	01/92	GA101	12/04	GA4194WY	07/98	GA250WY	07/09
GA251ND	12/09	GA4250	11/05	<b>GA472</b>	<b>10/01</b>	CG2018	11/85
CG2133	11/85	GA210	02/07	GA3024	05/14	GA322	10/01
GA399	05/15	GA4079	10/01	GA4094	10/01	GA478	12/04



**The Cincinnati Insurance Company**  
A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496  
www.cinfin.com ■ 513-870-2000

**COMMON POLICY DECLARATIONS**

<b>DECLARATIONS</b>	<b>POLICY NUMBER</b> CPP 089 55 31	<b>RENEWAL</b>
<b>NAMED INSURED</b> CASH WA DISTRIBUTING CO OF KEARNEY INC AND H & S ENTERPRISES INC JD AIR LLC		
<b>ADDRESS</b> (Number & Street, Town, County, P O BOX 309 State & Zip Code) KEARNEY NE 68848		
<b>Previous Policy Number:</b> CPP 089 55 31		
<b>Policy Period:</b> At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE		
<b>All coverages except Automobile and / or Garage</b> Policy number: CPP 089 55 31 FROM: 12-01-2017 TO: 12-01-2018		
<b>Automobile and / or Garage</b> Policy number: FROM: TO:		
<b>Agency</b> UNICO GROUP OF KEARNEY INC 26-017 City KEARNEY NE (308) 698-2000		
<b>Legal Entity / Business Description</b> CORPORATION		
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.		
<b>FORMS APPLICABLE TO ALL COVERAGE PARTS: (show numbers)</b>		
IA4330 03/08	IA102 09/08	IA904 04/04
IL0022 05/87	IA4113NE 03/16	IA4201KS 01/16
IA4283 10/05	IA4292WY 07/15	IA4321SD 09/07
IA4442 05/14	IL0159 07/94	IA4087 08/11
IA4236 01/15	IA4282 12/09	IA4338 05/11
IA319 01/15	IA4006 07/10	IP446 08/01
GA519 01/97	CA509 08/07	GA501 10/01
MA502 05/10	MA509 08/06	MA501 08/06
USC504 12/04		MA524 09/05
		MA523 08/06

CGAMY4  
12-19-2017

Countersigned \_\_\_\_\_ (Date) By \_\_\_\_\_ (Authorized Representative)

ORIGINAL

DEC 27 2017

IA 501 01 12

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

**AUTOMATIC ADDITIONAL INSURED - WHEN  
REQUIRED IN CONTRACT OR AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**1. SECTION II - WHO IS AN INSURED, 2. is amended to include:**

e. Any person or organization, hereinafter referred to as **ADDITIONAL INSURED**:

- (1) Who or which is not specifically named as an additional insured under any other provision of, or endorsement added to, this Coverage Part; and
- (2) For whom you are required to add as an additional insured on this Coverage Part

under:

- (1) A written contract or agreement; or
- (2) An oral agreement or contract where a certificate of insurance showing that person or organization as an additional insured has been issued;

but only with respect to liability arising out of "your work" performed for that additional insured by you or on your behalf. A person or organization's status as an insured under this endorsement continues for only the period of time required by the written contract or agreement, but in no event beyond the expiration date of this Coverage Part. If there is no written contract or agreement, or if no period of time is required by the written contract or agreement, a person or organization's status as an insured under this endorsement ends when your operations for that insured are completed.

**2. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS is amended to include:**

**1. Automatic Additional Insured Provision**

The written or oral contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement also must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

**2. Conformance to Specific Written Contract or Agreement**

If a written contract or agreement between you and the additional insured specifies that coverage for the additional insured:

- a. Be provided by the Insurance Services Office additional insured form number **CG 20 10** or **CG 20 37** (where edition specified); or
- b. Include coverage for completed operations; or
- c. Include coverage for "your work";

and where the limits or coverage provided to the additional insured is more restrictive than was specifically required in that written contract or agreement, the terms of Paragraphs **3.**, **4.a.(2)** and / or **4.b.**, or any combination thereof, of this endorsement shall be interpreted as providing the limits or coverage required by the terms of the written contract or agreement, but only to the extent that such limits or coverage is included within the terms of the Coverage Part to which this endorsement is attached. If, however, the written contract or agreement specifies the Insurance Services Office additional insured form number **CG 20 10** but does not specify which edition, or specifies an edition that does not exist, Paragraphs **3.** and **4.a.(2)** of this endorsement shall not apply and Paragraph **4.b.** of this endorsement shall apply.

**3. SECTION III - LIMITS OF INSURANCE is amended to include:**

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever are less. If no limits are specified in the written contract or agreement, or if there is no written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.



4. The following are added to SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions and SECTION I - COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions:

The insurance provided to the additional insured does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the:
- (1) Rendering of, or failure to render, any professional architectural, engineering or surveying services, including:
    - (a) The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
    - (b) Supervisory, inspection, architectural or engineering activities;
  - (2) Sole negligence or willful misconduct of, or for defects in design furnished by, the additional insured or its "employees".
- b. "Bodily injury" or "property damage" arising out of "your work" included in the "products-completed operations hazard".

- c. "Bodily injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor / project manager or owner of the construction project in which you are involved.

5. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance is amended to include:

- a. Where required by a written contract or agreement, this insurance is primary and / or noncontributory as respects any other insurance policy issued to the additional insured, and such other insurance policy shall be excess and / or noncontributing, whichever applies, with this insurance.
- b. Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:
- (1) As otherwise provided in SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance, b. Excess Insurance; or
  - (2) For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.

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

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

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

Endorsement Effective: <b>12-01-2017</b>	Policy Number: <b>CAA 587 83 46</b>
Named Insured: <b>CASH WA DISTRIBUTING CO OF KEARNEY INC AND H &amp; S ENTERPRISES INC</b>	
Countersigned by:	

(Authorized Representative)

The person or organization named in the following schedule is an "Insured" to the extent of their liability for the conduct of another "insured" as provided in **SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who is an Insured, Paragraph c.**

**Schedule**

Additional Insured

**CITY OF LINCOLN, LANCASTER COUNTY**

Address:

**555 SOUTH 10TH ST  
LINCOLN NE 68508**

## 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

JB ROBERTSON CONSTRUCTION INC  
8845 NORTHWEST BLVD  
DAVENPORT, IA 52806

RED OAK COMMUNITY SCHOOL DISTRICT  
2011 N 8TH ST  
RED OAK, IA 51566

HARENLAUGHLIN CONSTRUCTION CO INC AND DIAL LENEXA LLC  
8035 NIEMAN RD  
LENEXA , KS 66214

CONTRACTOR-DR CONSTRUCTION INC  
11506 NICHOLAS ST #100  
OMAHA, NE 68154

OWNER-MID O, L.P.  
11506 NICHOLAS ST, STE 100  
OMAHA, NE 68154

HAUSMANN CONSTRUCTION INC  
8545 EXECUTIVE WOODS DR STE #1  
LINCOLN, NE 68512

CITY OF LINCOLN / LANCASTER COUNTY  
555 SOUTH 10TH STREET  
LINCOLN, NE 68508

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 Effective 05-04-2018 Policy No. EWC 046 57 39-00 Endorsement No.

Insured CASH WA DISTRIBUTING COMPANY OF KEARNEY INC

Insurance Company THE CINCINNATI CASUALTY COMPANY

Premium \$INCL

Countersigned by \_\_\_\_\_

WC 00 03 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CANCELLATION OR NONRENEWAL BY US NOTIFICATION TO A DESIGNATED ENTITY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PACKAGE POLICY  
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART  
COMMERCIAL AUTO COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART  
DENTIST'S PACKAGE POLICY  
EXCESS LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART  
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE

### SCHEDULE

Name and mailing address of person(s) or organization(s):

CITY OF LINCOLN LANCASTER COUNTY  
55 SOUTH 10TH STREET  
LINCOLN NE 68508

Number of days notice (other than nonpayment of premium): 30

- A. If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in the Schedule before the effective date of cancellation or nonrenewal.
- B. If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 10 days before the effective date of cancellation.
- C. If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
- D. In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**CANCELLATION OR NONRENEWAL BY US NOTIFICATION TO  
A DESIGNATED ENTITY**

This endorsement modifies insurance provided under the following:

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Number of days' notice (other than nonpayment of premium): 30

1. If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in Schedule before the effective date of cancellation or nonrenewal.
2. If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 10 days before the effective date of cancellation.
3. If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
4. In no event will coverage extend beyond the actual date of the actual expiration, termination or cancellation of the policy.

Notwithstanding the provisions above, in no event will the number of days' notice for cancellation or for nonrenewal be fewer than the number of days required by law.

**SCHEDULE**

Name and mailing address of person(s) or organization(s):

CITY OF LINCOLN, LANCASTER COUNTY  
555 S 10TH ST  
LINCOLN, NE 68508-2803

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 Effective 12-01-2017 Policy No. EWC 046 57 39-00 Endorsement No.

Insured CASH WA DISTRIBUTING COMPANY OF KEARNEY INC

Insurance Company THE CINCINNATI CASUALTY COMPANY

Premium \$INCL

Countersigned by \_\_\_\_\_