

AMENDMENT TO CONTRACT
Annual Services
Pest Control
Bid No. 16-031
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Company Name Change
Bugeaters Pest Control LLC to Plunkett's Pest Control

This Amendment is hereby entered into by and between Bugeaters Pest Control LLC, 9520 N. 1st Street, Lincoln, NE 68531 (hereinafter "Contractor") and the City of Lincoln, Lancaster County and the City of Lincoln-Lancaster County Public Building Commission (hereinafter "Owners"), for the purpose of amending the Contract dated April 4, 2016 executed under City Executive Order No. 89277, and County Contract C-16-0152, dated April 5, 2016, and executed by the City of Lincoln-Lancaster County Public Building Commission, on April 12, 2016, for Annual Services - Pest Control, Bid No. 16-031, which is made a part of this amendment by this reference.

WHEREAS, the parties hereby change the name reflected in the Contract from Bugeaters Pest Control LLC to Plunkett's Pest Control as stated per Attachment A; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Executive Order No. 89277, and County Contract C-16-0152 and stated herein the parties agree as follows:

- 1) The parties hereby change the name reflected in the Contract from Bugeaters Pest Control LLC to Plunkett's Pest Control as stated per Attachment A.
- 2) 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

City of Lincoln Signature Page

Lancaster County Signature Page

City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

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Pest Control
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Company Name Change
Bugeaters Pest Control LLC to Plunkett's Pest Control

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

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

Company Name:	Bugeaters Pest Control
By: (Please Sign)	<i>N. Godwin</i>
By: (Please Print)	Nathan Godwin
Title:	Owner
Company Address:	9520 N. 1st St. 68531
Company Phone & Fax:	402-480-1845
E-Mail Address:	bugeaterspestcontrol@yahoo.com
Date:	8/29/18
Contact Person for Orders or Service:	Nate Godwin
Contact Phone Number:	402-480-1845

Vendor Signature Page

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

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

Company Name:	Plunkett's Pest Control
By: (Please Sign)	<i>Paul Gahan</i>
By: (Please Print)	Paul Gahan
Title:	Area Supervisor
Company Address:	40 NE 52 nd Way, Fridley MN 55421
Company Phone & Fax:	763-571-7100
E-Mail Address:	service@plunketts.net
Date:	8/30/18
Contact Person for: Orders or Service	service@plunketts.net
Contact Phone Number:	763-571-7100 / 877-571-7100

City of Lincoln Signature Page

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Annual Services
Pest Control
Bid No. 16-031
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Bugeaters Pest Control LLC to Plunkett's Pest Control**

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

CITY OF LINCOLN, NEBRASKA

City Clerk

Finance Director

Approved by Directorial Order No. _____

dated _____

Lancaster County Signature Page

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Bid No. 16-031
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Company Name Change
Bugeaters Pest Control LLC to Plunkett's Pest Control

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

**City of Lincoln-Lancaster County Public Building Commission
Signature Page**

**AMENDMENT TO CONTRACT
Annual Services
Pest Control
Bid No. 16-031
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Company Name Change
Bugeaters Pest Control LLC to Plunkett's Pest Control**

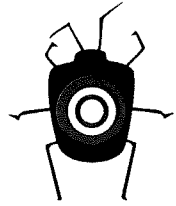
EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:

Public Building Commission Attorney

Chairperson, Public Building Commission

dated _____



BUGEATERS PEST CONTROL
9520 N 1st Street
Lincoln, Nebraska 68531

402-480-1845

July 2, 2018

To My Customers:

I am pleased to announce that effective this month, Bugeaters Pest Control is merging with Plunkett's Pest Control.

Like Bugeaters, Plunkett's is a family-owned pest control company dedicated exclusively to performing high quality pest control supported by responsive customer service.

Both myself and my technician, Bill Berg, will be joining Plunkett's, so most of you will see no change in your service person. There may be a few clients who get introduced to a new technician in the coming months, but I will oversee all route changes and train them accordingly.

Plunkett's has 10 technicians in the Lincoln area, with an average of 6 years tenure, so they are already successfully serving clients in our area.

Please call either myself or Stacy O'Reilly with any questions you may have. Our phone numbers are listed below.

Thank you for your business, past and future!

A handwritten signature in black ink, appearing to read "N Godwin".

Nate Godwin
Owner and President
Bugeaters Pest Control
402-480-1845

A handwritten signature in black ink, appearing to read "Stacy O'Reilly".

Stacy O'Reilly
Owner and President
Plunkett's Pest Control, Inc.
877-571-7100
www.plunketts.net



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2018

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 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).

PRODUCER TRUSS 9200 Ward Parkway Suite 500 Kansas City MO 64114	CONTACT NAME: PHONE (A/C, No, Ext): (816)708-4600 FAX (A/C, No): 816-708-9193 E-MAIL ADDRESS: Certificates@TrussAdvantage.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED PLUNK-1 Plunkett's Pest Control, Inc. 40 N.E. 52nd Way Fridley MN 55421	INSURER A: Philadelphia Indemnity Co. 18058	
	INSURER B: Accident Fund National Ins Co 12305	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

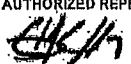
COVERAGES **CERTIFICATE NUMBER: 1689697939** **REVISION NUMBER:**

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1760059	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y		PHPK1760059	1/1/2018	1/1/2019	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB668869	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	1800008479	1/1/2018	1/1/2019	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lincoln, Lancaster County, and Lincoln Lancaster County Public Building Commission are Additional Insured as respects the General and Auto Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

City of Lincoln, Lancaster County, Lincoln Lancaster County Public Building Commission 555 S 10th St STE 203 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 
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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

<p>Name of Person or Organization:</p> <p>City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission</p>

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

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

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

Contractor: All persons or organizations as required by written contract executed prior to the date of loss or injury and only as respects work performed by Plunkett's Pest Control, Inc. This does not apply to operations in the state of Wisconsin, California, Kentucky, Missouri, New Hampshire, New Jersey or Utah, unless that person or organization is specifically scheduled.

Address: , MN
Job Site: MN
Type of Work:
Project #:
Effective: 1/1/2018

Contractor: City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission
City of Lincoln, Lancaster County, Lincoln Lancaster, County Public Building Commission
Address: 555 S. 10th St., Suite 203
Lincoln, NE 68508

Job Site:
Type of Work:
Project #:
Effective: 1/1/2018

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: 01/01/2018 Policy No.: 1800008479 Endorsement No.: 2
Insured: Plunkett's Pest Control, Inc. Premium:
Insurance Company: Accident Fund National Insurance Company

Countersigned By _____



Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
1800008479	01/01/2018	01/01/2019 12:01 A.M. Standard Time at the described location

Transaction	
RENEWAL INFORMATION PAGE	
Named Insured and Address	Agent
Plunkett's Pest Control, Inc. 40 NE 52nd Way Fridley, MN 55421	Truss, LLC 9200 Ward Parkway, Suite 500 Kansas City, MO 64114- Telephone: 816-444-9494 000369

CLASSIFICATIONS

SEE SCHEDULE OF CLASSIFICATIONS ON THE FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$900		\$483,903.00	Annual

INSURED COPY

POLICY INFORMATION PAGE ENDORSEMENT

The following Item(s)

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)
- Item 3.B. Limits (WC 89 06 12)
- Item 3.C. States (WC 89 06 13)
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4.* Class, Rate, Other (WC 89 06 14)
- Interim Adjustment of Premium (WC 89 04 15)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk I.D. Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)
- Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

The Waiver of Subrogation has been added in favor of City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission.

*Item 4. Change To:

Classifications	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Minimum Premium \$		Total Estimated Annual Premium \$		
		Deposit Premium \$		

All other terms and conditions of this policy remain unchanged.

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: 01/01/2018 Policy No.: 1800008479 Endorsement No.: 2
 Insured: Plunkett's Pest Control, Inc. Premium:

Insurance Company: Accident Fund National Insurance Company
 Countersigned By _____



Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
1800008479	01/01/2018 <small>12:01 A.M. Standard Time at the described location</small>	01/01/2019

Transaction	
RENEWAL INFORMATION PAGE	
Named Insured and Address	Agent
Plunkett's Pest Control, Inc. 40 NE 52nd Way Fridley, MN 55421	Truss, LLC 9200 Ward Parkway, Suite 500 Kansas City, MO 64114- Telephone: 816-444-9494 000369
Other Workplaces Not Shown Above: See schedule attached Extended Named Insured: Absence of an entry means no exception	
Interstate ID: Insured Is: Corporation Bureau/Risk ID: Unemployment Id Number:	Intrastate ID: FEIN #: 41-0840310 NCCI #: 16729

ITEM 2. POLICY PERIOD Is from 12:01 A.M., 01/01/2018 to 12:01 A.M., 01/01/2019 Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
IA,IL,IN,KS,MI,MN,MO,NE,PA,SD,WI

B. Employers Liability Insurance : Part Two of the policy applies to work in each state listed in Item 3.A.
The limits of our liability under Part Two are:

- Bodily Injury by Accident **\$1,000,000** each accident
- Bodily Injury by Disease **\$1,000,000** policy limit
- Bodily Injury by Disease **\$1,000,000** each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states, Puerto Rico, the U.S. Virgin Islands and states designated in Item 3A of the Information Page.

D. This policy includes these endorsements and schedules:

- WC 89 06 00 B, WC 22 06 00, WC-00-00-01 A, WC 00 04 24, WC 00 04 25, WC 00 06 03, WC 00 04 21 D, WC 00 04 22 B, WC 00 01 06 A, WC 00 04 14, WC 00 04 06, WC 00 04 06 A, WC 00 04 19, WC 00 03 10, WC 00 03 13, WC 48 06 01 C, WC 48 06 03 B, WC 48 06 06 B, WC 00 00 00 C, WC 99 06 60 (Ed. 5-17), WC 12 03 06 A, WC 12 06 01 E, WC 15 04 01 A, WC 15 06 01 A, WC 21 03 03 A, WC 21 03 04, WC 99 03 04, WC 99 04 06, WC 99 21 01, WC 22 00 00 A, WC 22 00 01 9-02, WC 22 06 01 D, WC 22 06 20, WC 24 04 06 D, WC 24 03 02, WC 24 06 01 B, WC 24 06 02 B, WC 24 06 04 B, WC 26 04 03, WC 26 06 01 C, WC 37 04 01, WC 37 04 05, WC 37 06 01, WC 37 06 02, WC 37 06 03 A, WC 40 06 01 A, WC 40 06 03, WC 40 06 05 B

ITEM 4. PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

INSURED COPY