#### AMENDMENT TO CONTRACT Annual Supply - Propane Bid No. 17-285 City of Lincoln and Lancaster County Renewal with Price Increase Otte Oil & Propane

This Amendment is hereby entered into by and between Otte Oil & Propane, 3435 Maple St., Box 38, Davey, NE 68336 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated January 9, 2018 executed under City Directorial Order No. 18424, and County Contract C-18-0017, dated January 16, 2018 for Annual Supply - Propane, Bid No. 17-285, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is January 1, 2018 through December 31, 2018 with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning January 1, 2019 through December 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 \$25,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$9,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Directorial Order No. 18424, and County Contract C-18-0017, 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 January 1, 2019 through December 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 \$25,000.00 without approval by the City of Lincoln.
- 4) The expenditures for Lancaster County for the term of this renewal shall not exceed \$9,000.00 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

Vendor Signature Page City of Lincoln Signature Page Lancaster County Signature Page

on:

### Vendor Signature Page

### AMENDMENT TO CONTRACT Annual Supply - Propane Bid No. 17-285 City of Lincoln and Lancaster County Renewal with Price Increase Otte Oil & Propane

### 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:	John Otte Oil & Propane, Inc					
By: (Please Sign)	Jessica Schwarting					
By: (Please Print)	Jessica Schwarting					
Title:	Office Manager					
Company Address:	3435 Maple St PO Box 38 Davey, NE 68336					
Company Phone & Fax:	402-785-2365 (P) 402-785-2024 (F)					
E-Mail Address:	jessica@otteoil.com & jake@otteoil.com					
Date:	12/13/2018					
Contact Person for Orders or Service	Jessica Schwarting or Jake Otte					
Contact Phone Number:	er: 402-785-2365 or for emergency 402-580-4359 or 402-521-0477					

# **City of Lincoln Signature Page**

### AMENDMENT TO CONTRACT Annual Supply - Propane Bid No. 17-285 City of Lincoln and Lancaster County Renewal with Price Increase Otte Oil & Propane

#### EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Finance Director

Approved by Directorial Order No.

dated \_\_\_\_\_

# Lancaster County Signature Page

### AMENDMENT TO CONTRACT Annual Supply - Propane Bid No. 17-285 City of Lincoln and Lancaster County Renewal with Price Increase Otte Oil & Propane

### **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



3435 Maple St. P.O. Box 38 Davey, NE 68336 www.otteoil.com

12/4/2018

To: City of Lincoln and Lancaster County -

We would like to renew our propane contract with the City of Lincoln on the following terms -

1. We need to raise the cost of each cylinder we deliver by \$1.00, as we are losing money on the cylinders as they are priced right now.

2. Any locations that are on a call in basis need to give us 48 hour notice for deliveries needed. We will not be able to guarantee delivery within that 48 hour window.

Thanks for letting us service you that past few years and we look forward to the continued business.

If you have any questions please feel free to give me a call. 402-785-2365.

Thanks!

Jessica Schwarting Jessica Schwarting

Jessica/Schwarting Office Manager Otte Oil & Propane, Inc 12/04/2018

Date



OP ID: SCBE

DATE (MM/DD/YYYY)	
01/03/2018	

A		CEF	RTI	FICATE OF LIA	ABILI <sup>-</sup>	TY INS	SURAN	CE		MM/DD/YYYY)
CE BE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMA LOW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A	MAT FIVEL SURA	TER Y OI	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU	Y AND CO	ONFERS N	IO RIGHTS	UPON THE CERTIFICA		E POLICIES
IMP If S	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjects s certificate does not confer rights	is ar	ADI he te	DITIONAL INSURED, the perms and conditions of the	he policy.	certain no	olicies may	IAL INSURED provisio require an endorseme	nsorb nt.As	e endorsed. atement on
PRODU	UCER			2-466-2800	CONTACT	Gale Will	liams			
8231	ishland Kirby Ins Agency Northwoods Dr, Ste A				PHONE (A/C, No, E	<sub>:xt):</sub> 402-46	6-2800	FAX (A/C. No	.402-46	6-3229
Linco	n Williams				E-MAIL ADDRESS	gwilliam	s.mccas01	@insuremail.net		
Austi						INSI Biok Int	URER(S) AFFOR	DING COVERAGE		NAIC #
	<sub>ED</sub> John Otte Oil & Propane, Inc.				INSURER A	Philado	novations,	ance Compani		
INSUR	PO Box 38						ipina mou			
	Davey, NE 68336-0038				INSURER O			##		
					INSURER I					
					INSURER I			A		
cov	ERAGES CE	RTIFI	CAT	E NUMBER:			1.200.	REVISION NUMBER:		I
	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PER	reme Tain.	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY (		OR OTHER I	DOCUMENT WITH RESP	FCT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		. SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIM	TS	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Y		PHPK1755901	0	1/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		-		·				MED EXP (Any one person)	\$	
		-						PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGO	i \$	2,000,000
в								COMBINED SINGLE LIMIT	\$	1,000,000
		V		PHPK1755901		1/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	OWNED AUTOS ONLY X SCHEDULED	Y		FIIF ((1) 55501	U	1/01/2010	01/01/2019	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY X AUTOS ONLY							BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	t) \$ \$	
	AUTOS ONLY AUTOS ONLY								\$	
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	5,000,000
	EXCESS LIAB CLAIMS-MAD	E		PHUB612333	0	1/01/2018	01/01/2019	AGGREGATE	\$	5,000,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	] N/A	Y	BNUWC0139178	01/01/2018	8 01/01/2019	E.L. EACH ACCIDENT	\$	500,000	
	Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1					E.L. DISEASE - EA EMPLOYE	E\$	500,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACOR	D 101, Additional Remarks Schedu	ule, may be a	uttached if mor	re space is requi	red)		
The	City of Lincoln and/or Lancaste	r Co	unty	and/or City of Lincoln/	/Lancast	ter				
Gene	nty Public Building Commission eral Liability and Auto Liability ( r of the City of Lincoln applies f	cove	rage	. Waiver of Subrogatio	on the	;				
favo	r of the City of Lincoln applies f	o the	e Wo	rkers Compensation c	overage	•				
					0.1.10-					
L CER	TIFICATE HOLDER			CITYOFL	CANCE	LLATION				
				GITUE	SHOUL	LD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE
City of Lincoln, Lancaster Co,						EXPIRATION	DATE TH	EREOF, NOTICE WILL		
	City of Lincoln/Lancaste							The working the second se		
	Public Building Commis 555 S 10th St.	ion			AUTHORIZ	ZED REPRESE	NTATIVE			
	Lincoln, NE 68508				M	$\mathcal{Q}_{1}$	11			
					11 UN	ort	Alla	C		

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

							JC	HNO-1		OP ID: SCBE	
CERTIFICATE OF LIABIL					BILITY INS	SURAN	CE		MM/DD/YYYY) 13/2018		
C B	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.										
lf	SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject certificate does not confer rights t	to t	he te	rms and conditions of the	e policy, certain p	olicies may				
PRO		<u> </u>				CONTACT Gale Wi					
8231	l No oln	hland Kirby Ins Agency orthwoods Dr, Ste A 				PHONE (A/C, No, Ext): 402-4	66-2800	(A/C, No): @insuremail.net	402-46	6-3229	
Gale	e vvi	illiams						DING COVERAGE		NAIC #	
						INSURER A : Risk In	novations,	LLC			
INSU	RED	John Otte Oil & Propane, Inc. PO Box 38			-	INSURER B : Philade	elphia Insur	ance Compani			
		Davey, NE 68336-0038			E E E E E E E E E E E E E E E E E E E	INSURER C :					
						INSURER D :					
					F	INSURER E :					
		RAGES CER		CAT	E NUMBER:	INSURER F :		REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIES				E BEEN ISSUED TO			HE POL	ICY PERIOD	
IN	IDIC	ATED. NOTWITHSTANDING ANY RI	EQUIF	REME	NT, TERM OR CONDITION (	OF ANY CONTRACT	F OR OTHER I	DOCUMENT WITH RESPEC	ст то	WHICH THIS	
		USIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE E				JALL	THE TERINO,	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6		
B	X							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Y		PHPK1755901	01/01/2019	01/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	1,000,000	
		J						PERSONAL & ADV INJURY	\$	2,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	, ,	
в	AU							COMBINED SINGLE LIMIT (Ea accident)	<u></u> Տ	1,000,000	
		ANY AUTO	Y		PHPK1755901	01/01/2019	01/01/2020	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY X SCHEDULED						BODILY INJURY (Per accident)	\$		
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
В		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE			PHUB612333	01/01/2019	01/01/2020		\$	5,000,000	
		DED RETENTION \$							\$		
<b>A</b>	WO ANE	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N				04/04/0040	04/04/0000	X PER OTH- STATUTE ER			
	OFF	Y PROPRIETOR/PARTNER/EXECUTIVE	N / A	Y	BNUWC0139178	01/01/2019	01/01/2020	E.L. EACH ACCIDENT	\$	500,000 500,000	
	If ve	es, describe under						E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DÉS	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DES		TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101. Additional Remarks Schedule	e, may be attached if mo	re space is require	red)			
The	Cit	tv of Lincoln and/or Lancaster	Coi	untv	and/or City of Lincoln/L	ancaster	ine opube io requi				
Cou	Inty	Public Building Commission	are	liste	d as Additional Insured	on the					
favo	or o	al Liability and Auto Liability c of the City of Lincoln applies to	o the	Wo	rkers Compensation co	verage.					
CEI	RTII	FICATE HOLDER			CITYOFL	CANCELLATION					
		City of Lincoln, Lancaste City of Lincoln/Lancaste			CITTOFL		N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.			
	Public Building Commision					AUTHORIZED REPRESENTATIVE					
		555 S 10th St. Lincoln, NE 68508				$\mathcal{D}\mathcal{Q}$					
							(UNSech Manc				

© 1988-2015 ACORD CORPORATION. All rights reserved.

NOTEPAD:	HOLDER CODE	CITYOFL John Otte Oil	& Propa	ne, Inc.		JOHNO-1 OP ID: SCBE	PAGE 2 Date 01/03/2018
30 day Notice o Liability cover					Liability		01103/2010

# Philadelphia Indemnity Insurance Company

## Form Schedule – General Liability

Policy Number: PHPK1755901

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Editior	Description
Gen Liab Dec	1004	Commercial General Liability Coverage Part Declaration
Gen Liab Schedule	0100	General Liability Schedule
CG0001	0413	Commercial General Liability Coverage Form
CG0300	0196	Deductible Liability Insurance
CG2026	0413	Additional Insured - Designated Person Or Organization
CG2106	0514	Excl-Access/Disclosure-With Ltd Bodily Injury Except
CG2135	1001	Exclusion - Coverage C - Medical Payments
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
CG2266	1185	Misdelivery of Liquid Products Coverage
PI-FDL-002	1214	Pollution Exclusion Endorsement
PI-FDL-003	1012	Automatic Fill Endorsement
PI-FDL-004	1012	Business Operations - Pollution Exclusion
PI-GL-001	0894	Exclusion - Lead Liability
PI-GL-002	0894	Exclusion - Asbestos Liability
PI-GL-005	0712	Additional Insured Primary And Non-Contributory Ins
PI-GLD-FDL	1012	General Liability Deluxe Endorsement: Fuel Dealers
PI-SAM-006	0117	Abuse Or Molestation Exclusion

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) C	Or Organization(s):	
City of Lincoln		
Lancaster County		
Public Building Commision		
		-

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 your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

### ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Effective Date: 01/01/2018

Name of Person or Organization (Additional Insured):

AS REQUIRED BY WRITTEN CONTRACT

**SECTION II** – **WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

#### Page 1 of 1

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

# Philadelphia Indemnity Insurance Company

### Form Schedule – Commercial Auto

Policy Number: PHPK1755901

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
CADS03	1013	Business Auto Declarations
Auto Schedule	0100	Business Auto Schedule
Hired or Borrowed Auto Sche	0706	Schedule of Hired or Borrowed Covered Auto
CA0001	1013	Business Auto Coverage Form
CA0156	1113	Nebraska Changes
CA0221	1013	Nebraska Changes - Cancellation
CA2170	1013	Nebraska Uninsured And Underinsured Motorists Coverage
CA2305	1013	Wrong Delivery Of Liquid Products
CA9935	1113	Nebraska Auto Medical Payments Coverage
CA9944	1013	Loss Payable Clause
CA9948	1013	Pollution Liab-Broadened Cov For Cov Autos-Bus Auto
MCS-90	0117	Motor Carrier Policies-Public Liability-Sections 29&30
PI-AUT-001	0116	Cap On Losses From Certified Acts Of Terrorism
PI-FDL-001	1012	Commercial Automobile Elite Endorsement: Fuel Dealers
PI-FDL-006	1012	Loss Payment Options Physical Damage Coverage
PI-FDL-007	1012	Crane Load Capacity Exclusion
PI-FDL-008	1012	Additional Insured By Contract Endorsement
PI-FDL-009	1012	Primary And Non-Contributory Clause Endorsement

### ADDITIONAL INSURED BY CONTRACT ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM

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

A. SECTION II – LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured is amended by adding the following:

The following are also "insureds":

Any person or organization other than a joint venture, for which you have agreed by written contract to procure "bodily injury" or "property damage" liability insurance arising out of the operation of a covered "auto" with your permission. However, this additional insurance does not apply to:

- 1. The owner or anyone else from whom you hire or borrow a covered "auto." This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own;
- 2. Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household;
- **3.** Anyone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours;
- 4. Anyone other than your "employees," partners (if you are a partnership), members (if you are a limited liability company), or a lessee or borrower or any of their "employees," while moving property to or from a covered "auto"; or
- **5.** A partner (if you are a partnership), or a member (if you are a limited liability company) for covered "auto" owned by him or her or a member of his or her household.
- **B.** The coverage extended to any additional insured by this endorsement is limited to, and subject to all terms, conditions, and exclusions of the Coverage Part to which this endorsement is attached.

In addition, coverage shall not exceed the terms and conditions that are required by the terms of the written agreement to add any "insured," or to procure insurance.

- **C.** The limits of insurance applicable to such insurance shall be the lesser of the limits required by the agreement between the parties, or the limits provided by this policy.
- **D.** The following additional exclusions apply:

The insurance afforded to any person or organization as an "insured" under this endorsement does not apply to "loss":

- 1. Which occurs prior to the date your contract is effective with such person or organization;
- 2. Arising out of the sole negligence of any person or organization that would not be an "insured" except for this endorsement; or

#### PRIMARY AND NON-CONTRIBUTORY CLAUSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### **BUSINESS AUTO COVERAGE FORM**

£

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

It is agreed that the insurance provided by any additional insured endorsement attached to this policy is primary when primary coverage is required in a written contract.

We will not seek contribution from any insurer when insurance on a non-contributing basis is required in a written contract. For coverage to apply, the written contract must have been executed prior to the occurrence of "loss."

### Policy Number: BNUWC0139178 WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

# WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - SPECIFIC

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

Waiver Holder Name City of Lincoln and Lancaster County

Effective Date 01/01/2018

Waiver Description City Specific

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 Date: 01/01/2018 Policy Number: BNUWC0139178

Insured Name: John Otte Oil & Propane Inc.

Insurance Company: StarNet Insurance Company

Countersigned by

WC 00 03 13 (Ed. 4-84)

© 1983 National Council on Compensation Insurance.