

AMENDMENT TO CONTRACT
Annual Supply of Motor Fuel
Bid No. 17-014
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Sapp Brothers Petroleum

This Amendment is hereby entered into by and between Sapp Brothers Petroleum, Inc. 5901 Cornhusker Hwy., Lincoln, NE 68507 (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 January 19, 2017 executed under City Executive Order No. 90273, and County Contract C-17-0024, dated January 24, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission, on February 14, 2017, for Annual Supply - Motor Fuels, Bid No. 17-014, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is January 24, 2017 through January 23, 2018, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Executive Order No. 91380, executed by the City on December 20, 2017, and by County Contract C-17-0932 executed by the County Board on December 12, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission on December 12, 2017, to renew the contract for an additional one (1) year term from January 24, 2018 through January 23, 2019; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning January 24, 2019 through January 23, 2020; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$3,200,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$900,000.00 without approval by the Lancaster County Board; and

WHEREAS, the expenditures for the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$2,000.00 without approval by the Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Executive Order 90273 and County Contract C-17-0024, 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 24, 2019 through January 23, 2020.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$3,200,000.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$900,000.00 without approval by the Lancaster County Board.

- 4) The expenditures for the City of Lincoln-Lancaster County Public Building Commission for the term of this renewal shall not exceed \$2,000.00 without approval by the Public Building Commission.
- 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

City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

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Bid No. 17-014
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Sapp Brothers Petroleum

Please sign, date and return within 2 days of receipt.

Mail to: City/County Purchasing
Attn: Lori L. Irons
440 So. 8th St., Ste. 200
Lincoln, NE 68508
Or email to: liron@s@lincoln.ne.gov

Company Name:	Sapp Bros Petroleum	
By: (Please Sign)	<i>Mat Pew</i>	
By: (Please Print)	Matthew Pence	
Title:	Inside Sales / Manager	
Company Address:	5901 Cornhusker Hwy Lincoln NE 68507	
Company Phone & Fax:	402-466-5522 / 402-466-5529	
E-Mail Address:	mpence@sappbros.net	
Date:	12-21-18	
Contact Person for Orders or Service	<i>Matt Pence</i> 402 830 6398	<i>Jeff Petersen</i> 402 326 7502
Contact Phone Number:	402-830-6398	402 326 7502

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
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City of Lincoln-Lancaster County Public Building Commission
Sapp Brothers Petroleum**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract 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)
12/31/2018

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER	
	PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446-4664
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: FEDERATED MUTUAL INSURANCE COMPANY		13935
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED SAPP BROS INC, SBT INC, SAPP BROS TRAVEL CENTERS PO BOX 45305 OMAHA, NE 68145-0305	333-016-4
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COVERAGES

CERTIFICATE NUMBER: 585

REVISION NUMBER: 1

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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	9414748	09/30/2018	09/30/2019	EACH OCCURRENCE	\$1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
							MED EXP (Any one person)	EXCLUDED	
							PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000	
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			PRODUCTS - COMPI/OP AGG	\$2,000,000			
OTHER:									
A	AUTOMOBILE LIABILITY	Y	N	9414748	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)		
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						CLAIMS-MADE		
	DED						RETENTION		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	Y	9414750	09/30/2018	09/30/2019	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	E.I. EACH ACCIDENT							\$1,000,000	
	E.I. DISEASE - EA EMPLOYEE							\$1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.I. DISEASE - POLICY LIMIT	\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED PAGE

CERTIFICATE HOLDER

333-016-4 CITY OF LINCOLN, LANCASTER COUNTY LINCOLN-LANCASTER CNTY PUBLIC BLDG COMMISSION 555 S 10TH ST LINCOLN, NE 68508-2803	585 1
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CANCELLATION

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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AGENCY CUSTOMER ID: 333-016-4

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED SAPP BROS INC, SBT INC, SAPP BROS TRAVEL CENTERS PO BOX 45305 OMAHA, NE 68145-0305	
POLICY NUMBER SEE CERTIFICATE # 585.1		EFFECTIVE DATE: SEE CERTIFICATE # 585.1	
CARRIER SEE CERTIFICATE # 585.1	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCEADDITIONAL NAMED INSUREDS INCLUDE
SAPP BROS PETROLEUM, S B FUELS INC

STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) WY

CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR CITY OF LINCOLN/LANCASTER COUNTY PUBLIC BUILDING COMMISSION ARE LISTED AS ADDITIONALLY INSURED.

WORKERS COMPENSATION CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER.

POLICY NUMBER: 9414748

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Person(s) Or Organization(s):	DESCRIPTION OF INTEREST IF APPLICABLE:
CITY OF LINCOLN - LANCASTER COUNTY - LINCOLN COUNTY PUBLIC BUILDING COMMISSION 555 S 10TH ST LINCOLN NE 68508	LIMITED TO DELIVERY OF MOTOR FUEL BY THE NAMED INSURED TO THE CERTIFICATE HOLDER'S PREMISES.

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.

SAPP BROS INC
PO BOX 45305
OMAHA NE 68145

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

1. 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.
2. The insurance does not apply to "bodily injury" or "property damage" liability arising out of the sole negligence of the Additional Insured named below.
3. 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:

LIMITED TO DELIVERY OF MOTOR FUEL BY THE NAMED
INSURED TO THE CERTIFICATE HOLDER'S PREMISES.

Additional Insured Name and Address:

CITY OF LINCOLN - LANCASTER
COUNTY - LINCOLN/LANCASTER
COUNTY PUBLIC BUILDING
COMMISSION
555 S 10TH ST
LINCOLN NE 68508

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CA-F-75 (10-13)

Policy Number: 9414748

Transaction Effective Date: 12-27-2018

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITED AMENDMENT OF CANCELLATION PROVISIONS

All Coverage Parts included in this policy are subject to the following conditions:

If we cancel this policy, we will mail advance notice to the person(s) or organization(s) as shown in the Schedule.

SCHEDULE

<p>Name and Address of Person(s) Or Organization(s):</p> <p>CITY OF LINCOLN, LANCASTER COUNTY LINCOLN-LANCASTER CNTY PUBLIC BLDG COMMISSION 555 S 10TH ST LINCOLN, NE 68508-2803</p>
<p>Number of days advance notice for any reason other than non-payment of premium: 30</p>
<p>Number of days advanced notice for non-payment of premium: See Common Policy Conditions</p>

Insured:
SAPP BROS INC
PO BOX 45305
OMAHA, NE 68145-0305

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IL-F-50 (04-13)

Policy Number: 8434746

Transaction Effective Date: 12/27/2018

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement, effective on 09-30-2018 at 12:01 A.M. standard time, forms a part of

Policy No. 9414750

Issued to SAPP BROS INC

Issued by FEDERATED MUTUAL INSURANCE COMPANY

Endorsement No. 1

Authorized Representative

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

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

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WC 00 03 13 (04-84)

Issue Date: 10-17-2018