

**AMENDMENT TO CONTRACT
Towing Services – Lancaster County
Bid No: 15-199
Lancaster County
Renewal with Additional Services
Midwest Towing and Recovery**

This Amendment is hereby entered into by and between Midwest Towing and Recovery, 400 West P Street, Lincoln, NE 68528 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated January 26, 2016, under County Contract No. C-16-0058, for Annual Services – Towing Services, Bid No. 15-199, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is January 26, 2016 through January 25, 2019, with the option to renew for one (1) additional three (3) year term upon written mutual consent of both parties; and

WHEREAS, the parties hereby renew the Contract for an additional three (3) year term beginning January 26, 2019 through January 25, 2022; and

WHEREAS, the parties hereby amend the Contract to reflect two additional fees which are to be paid by the vehicle owners:

Accident Clean Up: \$15.00
Vehicle Preservation: \$25.00

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$30,000.00 without approval by the Lancaster County Board of Commissioners; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract No. C-16-0058 and stated herein the parties agree as follows:

- 1) The parties hereby renew the Contract for an additional three (3) year term beginning January 26, 2019 through January 25, 2022.
- 2) The parties hereby amend the Contract to reflect two additional fees which are to be paid by the vehicle owners:

Accident Clean Up: \$15.00
Vehicle Preservation: \$25.00
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$30,000.00 without approval by the Lancaster County Board of Commissioners.
- 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:

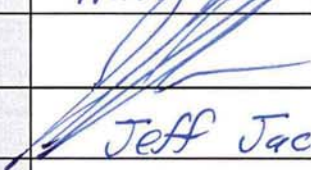
Vendor Signature Page
Lancaster County Signature Page

Vendor Signature Page

**AMENDMENT TO CONTRACT
Towing Services – Lancaster County
Bid No: 15-199
Lancaster County
Renewal with Additional Services
Midwest Towing and Recovery**

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

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

Company Name:	Midwest Towing & Recovery
By: (Please Sign)	
By: (Please Print)	Jeff Jackson
Title:	General Manager
Company Address:	400 West P St Lincoln NE 68508
Company Phone & Fax:	402-489-7979 / 402-466-7979
E-Mail Address:	midwesttowingjeff@gmail.com
Date:	1/4/19
Contact Person for: "Orders or Service"	Jeff or Dispatch
Contact Phone Number:	402-489-7979

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
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Lancaster County
Renewal with Additional Services
Midwest Towing and Recovery**

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 GARAGE INSURANCE

DATE (MM/DD/YYYY)

1/16/2019

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 Lacroix Insurance Solutions, Inc. PO Box 391310 Omaha NE 68139		CONTACT NAME: Rick Lacroix PHONE (A/C, No, Ext): 402-932-4080 FAX (A/C, No): E-MAIL ADDRESS: inbox@lacroixinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: IOWA MUT INS CO	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Midwest Towing and Recovery, LLC 400 West P St. Lincoln NE 68528		NAIC # 14338	

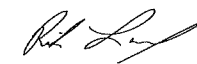
COVERAGES PROD / CUSTOMER ID: _____ **CERTIFICATE #:** _____ **REVISION #:** _____

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	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GARAGE LIABILITY	Y		A040063MN	08/25/2018	08/25/2019	AUTO ONLY (Ea accident) \$ 1000000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						OTHER THAN AUTO ONLY	EA ACCIDENT \$ 1000000
	<input checked="" type="checkbox"/> Scheduled Autos						AGGREGATE \$ 3000000	
A	<input checked="" type="checkbox"/> GARAGE KEEPERS LIABILITY	Y		A040063MN	08/25/2018	08/25/2019	<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS LOC \$ 500000	
	<input checked="" type="checkbox"/> LEGAL LIABILITY DIRECT BASIS						<input checked="" type="checkbox"/> COLLISION LOC \$ 500000	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS						LOC \$	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$	
	OTHER:						GENERAL AGGREGATE \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			A040063MN			EACH OCCURRENCE \$ 2000000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2000000	
	DED RETENTION \$							
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$	
	If yes, describe under REMARKS below						E.L. DISEASE - EA EMPLOYEE \$	
A	<input type="checkbox"/> Business Auto Liability	Y		A040063MN	08/25/2018	08/25/2019	Limit 1000000	
	<input type="checkbox"/> On-Hook						Limit 300000	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lancaster County is added as additional insured with respect to Garage Liability which includes auto liability and other than auto liability, garagekeepers, On-Hook and Serviceguard Casualty Endorsement (attached) for contract with insured; subject to all policy terms and provisions. It is further agreed that Lancaster County shall be given thirty (30) days written notice of policy cancellation and/or non-renewal with such notice being mailed to certificate holder.

CERTIFICATE HOLDER Lancaster County Office of Risk Management 555 S 9th Street Lincoln, NE 68508	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/16/2019

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).

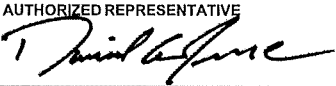
PRODUCER The Harry A Koch Co of Lincoln 233 S 13th Street Suite 1650 Lincoln NE 68508-NE	CONTACT NAME: PHONE (A/C, No, Ext): 402-861-7000	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED JAC23630 Midwest Towing and Recovery, LLC; dba Midwest Towing & Repair LLC; Rahns Midwest Towing and Recovery LLC 400 W P Street Lincoln NE 68528	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Interstate Insurance		31895
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 214696657 **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AVWCNE2726352018	8/25/2018	8/25/2019	X PER STATUTE	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)

CERTIFICATE HOLDER Lancaster County 555 S 10th Lincoln NE 68508	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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