

**AMENDMENT TO CONTRACT**  
**Unit Price**  
**Moving Services**  
**Bid No. 16-282**  
**City of Lincoln, Lancaster County and**  
**City of Lincoln-Lancaster County Public Building Commission**  
**Renewal**  
**Select Van & Storage – Mayflower Transit**  
**(Select Van & Storage Inc.)**

This Amendment is hereby entered into by and between Select Van & Storage – Mayflower Transit (Select Van & Storage Inc.), 6651 Seward Ave., 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 March 2, 2017 executed under City Resolution No. 90263, and County Contract C-17-0100, dated February 14, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission, on February 14, 2017, for Unit Price – Moving Services, Bid No. 16-282, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is March 1, 2017 through February 28, 2019, with the option to renew for two (2) additional two (2) year terms upon written mutual consent by all parties; and

WHEREAS, the parties hereby renew the Contract for an additional two (2) year term beginning March 1, 2019 through February 28, 2021; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$40,000.00 for contracts without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$50,000.00 for contracts 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 \$10,000.00 for contracts without approval by the Public Building Commission; and

WHEREAS, the parties hereby amend the contract to replace Paragraph No. 9 of the Contract with the following language:

OWNER INCLUSION. It is understood and agreed by all parties that “Owner/s” shall include the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission. Whenever a singular entity is referenced (i.e., “the City” or “the County” or “Building Commission”) in the Contract, which includes the instructions to bidders, specifications, insurance requirements, bonds, terms and conditions, or any other documents which are a part of the Contract, it shall mean the “Owners” encompassing the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission. Notwithstanding the foregoing, the duties and obligations of the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission pursuant to the Contract shall be treated as divisible and severable duties and obligations, and default by any one of the Owners shall not be attributed to any other of the Owners, but shall remain the sole obligation of the defaulting entity.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Resolution 90263 and County Contract C-17-0100, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties hereby renew the Contract for an additional two (2) year term beginning March 1, 2019 through February 28, 2021.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$40,000.00 for contracts without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$50,000.00 for contracts 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 \$10,000.00 for contracts without approval by the Public Building Commission.
- 5) The parties hereby amend the contract to replace Paragraph No. 9 of the Contract with the following language: OWNER INCLUSION. It is understood and agreed by all parties that "Owner/s" shall include the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission. Whenever a singular entity is referenced (i.e., "the City" or "the County" or "Building Commission") in the Contract, which includes the instructions to bidders, specifications, insurance requirements, bonds, terms and conditions, or any other documents which are a part of the Contract, it shall mean the "Owners" encompassing the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission. Notwithstanding the foregoing, the duties and obligations of the City of Lincoln, Lancaster County, and the Lincoln-Lancaster County Public Building Commission pursuant to the Contract shall be treated as divisible and severable duties and obligations, and default by any one of the Owners shall not be attributed to any other of the Owners, but shall remain the sole obligation of the defaulting entity.
- 6) 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

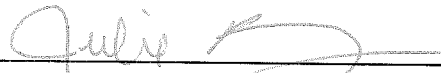
## Vendor Signature Page

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**City of Lincoln, Lancaster County and**  
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**Renewal**  
**Select Van & Storage – Mayflower Transit**  
**(Select Van & Storage Inc.)**

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

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

Company Name:	Select Van + Storage
By: (Please Sign)	Julie 
By: (Please Print)	Julie Bermudez
Title:	Sales Representative
Company Address:	6651 Seward Ave. Lincoln, NE 68507
Company Phone & Fax:	402-506-4232      402-466-8201
E-Mail Address:	jbermudez@selectvan.com
Date:	2-5-19
Contact Person for Orders or Service	Julie Bermudez
Contact Phone Number:	402-506-4232

**City of Lincoln Signature Page**

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(Select Van & Storage Inc.)**

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

ATTEST:

\_\_\_\_\_  
City Clerk

CITY OF LINCOLN, NEBRASKA

\_\_\_\_\_  
Chris Beutler, Mayor

Approved by Executive Order No. \_\_\_\_\_

dated \_\_\_\_\_

## Lancaster County Signature Page

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**Renewal**  
**Select Van & Storage – Mayflower Transit**  
**(Select Van & Storage Inc.)**

**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**

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**EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION**

ATTEST:

\_\_\_\_\_  
Public Building Commission Attorney

\_\_\_\_\_  
Chairperson, Public Building Commission

dated \_\_\_\_\_

**EMPLOYEE CLASSIFICATION ACT AFFIDAVIT**

For the purposes of complying with THE NEBRASKA EMPLOYEE CLASSIFICATION ACT, Nebraska Revised Statutes 48-2901 to 48-2912 and City of Lincoln Executive Order 083319,

I, Donnie L Tangeman, herein below known as the Contractor, state under oath and swear as follows:

- 1. Each individual performing services for the Contractor is properly classified under the Employee Classification Act.
- 2. The Contractor has completed a federal I-9 immigration form and has such form on file for each employee performing services.
- 3. The Contractor has complied with Neb Rev Stat 4-114.
- 4. The Contractor has no reasonable basis to believe that any individual performing services for the Contractor is an undocumented worker.
- 5. The Contractor is not barred from contracting with the state or any political subdivision pursuant to NRS 48-2912 of this Act.
- 6. As the Contractor I understand that pursuant to the Employee Classification Act a violation of the Act by a contractor is grounds for rescission of the contract by the City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission. I understand that pursuant to the Act any contractor who knowingly provides a false affidavit may be subject to criminal penalties and upon a second or subsequent violation shall be barred from contracting with the City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission for a period of three years after the date of discovery of the falsehood.

I hereby affirm and swear that the statements and information provided on this affidavit are true, complete and accurate. The undersigned person does hereby agree and represent that he or she is legally capable to sign this affidavit and to lawfully bind the Contractor to this affidavit.

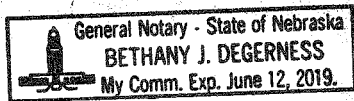
PRINT NAME: Donnie L Tangeman  
 (First, Middle, Last)

SIGNATURE: [Handwritten Signature]

TITLE: G.M.

State of Nebraska )  
 ) ss.  
 County of Lancaster )

This affidavit was signed and sworn to before me, the undersigned Notary Public, on this 4th day of February, 2019.



[Handwritten Signature]  
 Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2019

2/4/2019

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 LOCKTON COMPANIES 13710 FNB Pkwy, Suite 400 Omaha NE 68154 402-970-6100	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Transguard Insurance Co of America Inc.		28886
INSURER B : Accident Fund General Insurance Company		12304
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES** CERTIFICATE NUMBER: 15477588 REVISION NUMBER: XXXXXXXX

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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	TCP0001436-00	7/13/2018	7/13/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
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"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	TCP0001436-00	7/13/2018	7/13/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	TCU0000961-00	7/13/2018	7/13/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	<input checked="" type="checkbox"/> 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 Y	N/A	WCV6169043	7/13/2018	7/13/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input checked="" type="checkbox"/> CARGO LIABILITY	N	N	TCP0001436-00	7/13/2018	7/13/2019	LIMIT PER LOSS \$250,000 AGG \$500,000 DED \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission are listed as additional insured. Waiver of Subrogation applies in favor of City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission, where allowable by law.

**CERTIFICATE HOLDER****CANCELLATION** See Attachments

15477588  
City of Lincoln  
Lancaster County  
Lancaster County Public Building Commissio  
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

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

**POLICY NUMBER: WCV6169043**

**EFFECTIVE DATE: 7/13/2018**

policy.

**EXPIRATION DATE: 7/13/2019**

Effective hour is the same on the Information Page of the

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.)

**SCHEDULE**

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

## GENERAL LIABILITY COVERAGE FORM ENHANCEMENTS, LIMITATIONS AND CLARIFICATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

PREMIUM CHARGE FOR ENHANCEMENT COVERAGES: *As Shown in the Declarations*

### SCHEDULE

COVERAGE DESCRIPTION	LIMIT OF INSURANCE (If Applicable)		
	Standard	Option A	X Option B
1. General Aggregate Limit	\$2,000,000	\$2,000,000	\$3,000,000
2. Damage to Premises Rented to you	\$100,000	\$500,000	\$1,000,000
3. Primary and Noncontributory-Other Insurance Provision	Included	Included	Included
4. Waiver - Transfer of Rights of Recovery	Included	Included	Included
5. Broadened Named Insured for New Ventures	Included	Included	Included
6. Blanket Additional Insured for Written Contracts	Included	Included	Included
7. Liberalization	Included	Included	Included
8. Exclusion of Property Entrusted	Included	Included	Included
9. Limited Expansion of Coverage without a Written Contract - 45 Day Coverage Limitation	Included	Included	Included
1. Clarification of Employment Status	Included	Included	Included
2. Medical Payments Coverage	\$5,000	\$10,000	\$25,000
3. Medical Payments for Temporary Workers	\$50,000	\$75,000	\$100,000

The items listed in the **SCHEDULE** are provided as additions to your insurance program. The following changes are made to the **COMMERCIAL GENERAL LIABILITY COVERAGE** Section of this Policy:

**1. GENERAL AGGREGATE LIMIT:**

The General Aggregate Limit (Other than Products-Completed Operations) shown in the Declarations form 062003 is replaced with the Limit indicated in the SCHEDULE.

**1. DAMAGE TO PREMISES RENTED TO YOU:**

The Damage to Premises Rented to You Limit (any one premises) shown in the Declarations form 062003 is replaced with the Limit indicated in the SCHEDULE.

**2. PRIMARY AND NONCONTRIBUTORY**

**TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.**

Form CG 20 01 – Primary and Noncontributory—  
Other Insurance Condition is attached to this  
policy.

#### 4. WAIVER-TRANSFER OF RIGHTS OF RECOVERY

Form CG 24 04 – Waiver of Transfer of Rights of  
Recovery Against Others to Us is added to this  
policy.

In the SCHEDULE on CG 24 04 this phrase is  
inserted: "Any person or organization with whom  
you have a written contract requiring this  
condition."

#### 5. BROADENED NAMED INSURED FOR NEW VENTURES

In form CG 00 01 – Commercial General Liability  
Coverage Form, Section II, Paragraph 3.a. is  
deleted and replaced with the following:

- a. Coverage under this provision is afforded only  
until the 270th day after you acquire or form  
the organization or the end of the policy  
period, whichever is earlier;

#### 6. BLANKET ADDITIONAL INSURED FOR WRITTEN CONTRACTS

A. In form **CG 00 01** – Commercial General  
Liability Coverage Form, Section II – Who Is  
An Insured is amended to include as an  
additional insured the person(s) or  
organization(s) you are required to name as  
an additional insured on this policy through  
an written agreement or written contract  
entered into between you and such  
additional insured in effect during the policy  
period and signed by you and the additional  
insured prior to the commencement of work.

This additional insured status only applies  
with respect to liability for "bodily injury",  
"property damage" or "personal or  
advertising injury" caused in whole or in part  
by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on  
your behalf.

In the performance of your ongoing  
operations for the additional insured(s).

However:

1. The insurance afforded to such  
additional insured only applies to the  
extent permitted by law; and
2. As the coverage provided to the  
additional insured is required by a written

contract or written agreement, the  
insurance afforded to such additional  
insured will not be broader than that  
which you are required to provide by the  
written contract or written agreement; and

3. The coverage afforded to the additional  
insured by this enhancement does not  
apply to "property damage" to personal  
property that is in the care, custody or  
control of any insured.

B. With respect to the insurance afforded to  
these additional insureds, the following  
additional exclusions apply:

This insurance does not apply to "bodily  
injury", "property damage", or "personal and  
advertising injury" occurring after:

1. All work on the project to be performed  
on behalf of the additional insured or at  
the location of the additional insured 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 or after your work on  
the project has been completed.

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

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

1. Required by the written contract or written  
agreement; or
  2. Available under the applicable limits of  
insurance shown in the Declarations,  
whichever is less. These limits are inclusive  
and not in addition to the limits of insurance  
shown in the declarations or the schedule.
- D. Form 064044 – Additional Insured – Required  
by Written Contract or Written Agreement  
may be issued to any additional insured to  
reflect the provisions of this coverage  
enhancement.

#### 7. LIBERALIZATION

In form CG 00 01 – Commercial General Liability  
Coverage Form, Section IV, the following  
Paragraph is added at the end of the section:

**Liberalization**

If at any time during the current policy period we adopt a change in our forms or rules which would broaden the coverage provided by any form that is a part of this Coverage Part without an extra premium charge, the broader coverage will apply to this policy. This extension is effective upon the approval of such broader coverage in your state.

**8. EXCLUSION OF PROPERTY ENTRUSTED**

Form CG 22 29 – Exclusion – Property Entrusted is added to this policy.

The SCHEDULE on form CG 22 29 is amended as follows:

**Operations:**

- Security and Patrol Agencies
- Warehouses – cold individual storage lockers
- Warehouses – mini-warehouses
- Moving & Storage Operations
- Self-Storage Facilities
- Mobile Self-Storage Facilities

**9. LIMITED EXPANSION OF COVERAGE WITHOUT A WRITTEN CONTRACT – 45 DAY LIMITATION**

A. In form CG 00 01 – Commercial General Liability Coverage Form, Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) which you have agreed to add as an additional insured on this policy.

This additional insured status only applies with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” cause in whole or in part by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf:

In the performance of your ongoing operations for the additional insured(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law: and
2. The coverage afforded to the additional insured by this enhancement does not apply to “property damage” to personal property that is in the care, custody or control of any insured.

B. It is a condition of the coverage granted to the additional insured under this provision that the name and address of such person or organization, as well as a complete

description of “your work”, be provided to us prior to the commencement of “your work” for the additional insured.

C. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” occurring after:

1. All work on the project to be performed on behalf of the additional insured or at the location of the additional insured 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 or after your work on the project has been completed ; or
3. 45 days after notification to us as outlined in Paragraph B. above.

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

Since coverage provided to the additional insured is not required by a written contract or written agreement, the most we will pay on behalf of the additional insured is the amount of insurance available under the applicable limits of insurance shown in the Declarations. These limits are inclusive and not in addition to the limits of insurance shown in the declarations or the schedule.

E. Form 064045 – Additional Insured – Designated Person or Organization – 45 Day Coverage Period may be issued to any additional insured to reflect the provisions of this coverage enhancement.

**10. CLARIFICATION OF EMPLOYMENT STATUS**

In form CG 00 01 – Commercial General Liability Coverage Form, Section V – Definitions, Definition 5. Is deleted and replaced with the following:

5. “Employee” includes a “leased worker”, an independent contract driver, or owner operator who derive a minimum of 65% of their annual income from operations for you. “Employee” does not include a “temporary worker”.

**11. MEDICAL PAYMENTS COVERAGE**

The Medical Expenses Limit, any one person shown in the Declarations form 062003 is replaced with the Limit indicated in the **SCHEDULE**.

**12. MEDICAL PAYMENTS COVERAGE FOR TEMPORARY WORKERS**

In Form CG 00 01, Section I, Coverage C—Medical Payments, exclusion **2.b.** is replaced by the following:

**b. Hired Person**

To a person hired to do work for or on behalf of any insured or a tenant of any insured except a "temporary worker".

In Form CG 00 01, Section III—Limits of Insurance, Paragraph 7. Is deleted and replaced by the following:

- 7. Subject to Paragraph 5. Above and in the absence of any other valid and collectible insurance, the Limit shown in the **SCHEDULE** is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by a "temporary worker".

This change does not alter the Medical Expense Limit for individuals who are not "temporary workers".