

AMENDMENT TO CONTRACT
Unit Price
Landscape Installation & Maintenance Services
Bid No. 16-290
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Mr. Yards and More LLC

This Amendment is hereby entered into by and Mr. Yards and More LLC, 8729 Remi Drive, Lincoln, NE 68526 (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. 90256, and County Contract C-17-0038, dated February 7, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission, on February 14, 2017, for Unit Price – Landscape Installation & Maintenance Services, Bid No. 16-290, 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 \$200,000.00 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 \$15,000.00 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 \$15,000.00 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 90256 and County Contract C-17-0038, 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 \$200,000.00 for contracts without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$15,000.00 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 \$15,000.00 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

AMENDMENT TO CONTRACT
Unit Price
Landscape Installation & Maintenance Services
Bid No. 16-290
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Mr. Yards and More LLC

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

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

Company Name:	Mr Yards and More LLC
By: (Please Sign)	
By: (Please Print)	Dennis Stephens
Title:	Owner
Company Address:	8729 Remi Dr
Company Phone & Fax:	402-217-3160
E-Mail Address:	dstephens75@gmail.com
Date:	1/31/2019
Contact Person for Orders or Service	Dennis Stephens 402-217-3160 Erik Wintermute 402-326-6768
Contact Phone Number:	See above

City of Lincoln Signature Page

**AMENDMENT TO CONTRACT
Unit Price
Landscape Installation & Maintenance Services
Bid No. 16-290
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Mr. Yards and More LLC**

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

**AMENDMENT TO CONTRACT
Unit Price
Landscape Installation & Maintenance Services
Bid No. 16-290
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Mr. Yards and More LLC**

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
Unit Price
Landscape Installation & Maintenance Services
Bid No. 16-290
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Renewal
Mr. Yards and More LLC**

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:

Public Building Commission Attorney

Chairperson, Public Building Commission

dated _____

ADDISON INSURANCE COMPANY
 PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) WORKERS COMPENSATION
 9-AGENCY BILL -

WORKERS COMPENSATION COVERAGE PART

ISSUE DATE	12-30-2018	JHO REPLACEMENT OF	0305	60489204	DECLARATIONS	RENEWAL	EXTENSION
1. NAMED	MR YARDS AND MORE LLC			AGENCY & CODE	050063		
INSURED					MCCASHLAND-KIRBY INS AGCY		
AND					8231 NORTHWOODS DR STE A		
ADDRESS	8729 REMI DR						
	LINCOLN	NE 68526-1028		LINCOLN NE			68505
2. POLICY PERIOD:	12:01 A.M. Standard time	FROM:	01-27-2019	TO:	01-27-2020		
And for successive policy periods as stated below.							

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

INFORMATION PAGE

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 27-2353895

INTRASTATE RISK IDENTIFICATION NUMBER: 26-0372300

THE INSURED IS A LIMITED LIABILITY COMPANY

3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE: NEBRASKA

3B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A.

THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:

BODILY INJURY BY ACCIDENT	\$	500,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$	500,000	POLICY LIMIT
BODILY INJURY BY DISEASE	\$	500,000	EACH EMPLOYEE

3C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO ALL STATES EXCEPT ARIZONA, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OHIO, RHODE ISLAND, VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WYOMING, AND STATES DESIGNATED IN ITEM 3A, AND PUERTO RICO.

CONTINUED ON WC-2S

3D. Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

3D. Other Forms	SEE UW7002
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AMEND REASON:

PREMIUM FOR THIS COVERAGE PART \$ 4,844
 Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X

 (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

POLICY NUMBER:

60489204

WORKERS COMPENSATION AND EMPLOYERS LIABILITY SUPPLEMENTAL DECLARATIONS

	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
CONTINUED			
4. 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.			
Form WC000313 applies to: CITY OF LINCOLN &/OR LANCASTER COUNTY			
NE LOC# 01 9520 N 1ST ST LINCOLN, NE 68531-8923			
0042 LAWN MAINTENANCE-COMMERCIAL OR DOMESTIC & DRIVERS	53,281	8.800	4,689
NE LOC# 01 DEPT# 01 CITY OF LINCOLN &/OR LANCASTER 9520 N 1ST ST LINCOLN, NE 68531-8923			
0042 LAWN MAINTENANCE-COMMERCIAL OR DOMESTIC & DRIVERS	IF ANY	8.800	0
0930 ADDITIONAL PREMIUM- WAIVER OF SUBROGATION			100
NE - 9807 EMPLOYERS LIABILITY INCREASED LIMITS		.008	38
NE - 9848 BALANCE TO MIN PREM-EMP LIAB INCR LIM			37
NE - 9898 EXPERIENCE MODIFICATION		.960	-195
NE - 9740 TERRORISM		.010	5
NE - 9741 CATASTROPHE OTHER THAN TERRORISM		.018	10
NE - 0900 EXPENSE CONSTANT			160
NE - MINIMUM PREMIUM	\$750		

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

Applicable to the state of Nebraska

ST1025WC(04-92)	WORK COMP & EMPLOYERS LIAB INSURANCE POLICY
*ST1034WC(05-07)	A FEW MINUTES NOW CAN SAVE YOU MONEY
*ST1644(01-12)	POLICY WEBSITE STUFFER
*UW1590(05-17)	WORK COMP-PREMIUM CREDIT APPLICATION
WC000000C(01-15)	WORK COMP & EMPLOYERS LIAB INS POLICY
WC000313(04-84)	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS END
*WC000414(07-90)	NOTIFICATION OF CHG IN OWNERSHIP END
WC000419(01-01)	PREMIUM DUE DATE END
WC000421D(01-15)	CATASTROPHE (OTHER THAN TERRORISM) PREMIUM END
WC000422B(01-15)	TERRORISM RISK INS PROGRAM REAUTHORIZATION ACT
WC000424(01-17)	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
*WC000425(05-17)	EXPERIENCE RATING MOD FACTOR REVISION END
*WC2(05-95)	WORK COMP DEC
*WC2S(01-95)	WORK COMP SUPPLEMENTAL DEC
WC260402(01-95)	NE-CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT
WC260403(05-17)	NE-EXPERIENCE RATING MOD FACTOR REVISION END
WC260601C(07-96)	NE-CANCEL & NONRENEW END

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. _____ of the _____
(NAME OF INSURANCE COMPANY)

issued to

Premium \$ _____

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 any one not named in the Schedule.

Schedule

ADDISON INSURANCE COMPANY
 PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL GENERAL LIABILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
 9-AGENCY BILL -

ISSUE DATE 12-30-2018 JHO REPLACEMENT OF 0305 60489204 DECLARATIONS RENEWAL EXTENSION

NAMED MR YARDS AND MORE LLC INSURED AND ADDRESS 8729 REMI DR LINCOLN NE 68526-1028	AGENCY & CODE 050063 MCCASHLAND-KIRBY INS AGCY 8231 NORTHWOODS DR STE A LINCOLN NE 68505
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POLICY 12:01 A.M. Standard time **FROM:** 01-27-2019 **TO:** 01-27-2020
PERIOD: at your mailing address shown above. And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

LIMITS OF INSURANCE	
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ 5,000

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
 NONE

BUSINESS DESCRIPTION LAWN SERVICE
FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership ___ Corporation X Other LL COMPANY

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
NE LOC# 01 9520 N 1ST ST LINCOLN, NE 68531-8923 LANDSCAPE GARDENING INCL PR/CO 97047P)		85,000				
		INCL	5.522	INCL	469	
\$ 500 PER CLAIM PROPERTY DAMAGE DEDUCTIBLE APPLIES						
ULTRA LIABILITY PLUS ENDORSEMENT CONTINUED ON CG7004					300	

PREMIUM BASIS DEFINITIONS
 a) Area per 1000 sq ft c) Total Cost per \$1000 g) Gallons per 1000 m) Admissions per 1000 p) Payroll per \$1000 s) Gross Sales per \$1000 t) Defined Above u) Units per unit

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms SEE UW7002

Amend Reason

PREMIUM FOR THIS COVERAGE PART \$ 923
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. **X**
 (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

POLICY NUMBER:	60489204
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COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
INTERNET SECURITY & PRIVACY See UW1792 for Coverage Information						86
Certified Acts of Terrorism Coverage						18

POLICY NUMBER: 60489204

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Schedule of Additional Insureds	Premium
OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON	50
CG7085 -NEBRASKA	
Owners, Lessees or Contractors CITY OF LINCOLN &/OR LANCASTER COUNTY, PUBLIC BLDG COMMISSION	Location of Covered Operation 555 S 10TH ST LINCOLN NE 68508

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

Applicable to the state of Nebraska

CG0001(04-13)	COMM GENERAL LIAB COVG FORM
CG2106(05-14)	EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL
CG2147(12-07)	EMPLOYMENT-RELATED PRACTICES EXCL
CG2150(04-13)	AMENDMENT OF LIQUOR LIAB EXCLUSION
CG2155-(09-99)	TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION
CG2167(12-04)	FUNGI/BACTERIA EXCL
CG2170(01-15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187(01-15)	CONDITIONAL EXCL OF TERRORISM
CG2196(03-05)	SILICA/SILICA-RELATED DUST EXCL
*CG7001(02-05)	COMMERCIAL GENERAL LIABILITY COVERAGE PART
*CG7004(02-05)	COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS
CG7085(02-15)	ADDL INSURED-OWNER/LESSEE/CONTRACTOR-SCHEDULED
CG7103(07-17)	ULTRA LIAB PLUS END
CG7125(02-12)	PROPERTY DAMAGE DEDUCTIBLE LIABILITY INSURANCE
*CG7154(01-07)	COMM GENERAL LIAB SUPPLEMENTAL DECS-ADDL INSUREDS
CG7155(01-07)	ABUSE/MOLESTATION EXCL
IL-0021(07-02)	NUCLEAR ENERGY LIAB EXCL END
IL0017(11-98)	COMMON POLICY CONDITIONS
*IL0259(12-17)	NE-CHGS CANCEL & NONRENEW
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7095(01-14)	INTERNET SECURITY & PRIVACY INS END
IL7105(10-14)	PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1813(10-15)	IMPORTANT NOTICE-INTERNET SECURITY & PRIVACY
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION

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

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown on 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 your liability for "bodily injury", "property damage" or "personal and advertising injury" which may be imputed to that person(s) or organization(s) directly arising out of:

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) at the location(s) designated above.

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.

A person's or organization's status as an insured under this endorsement ends when your operations for that insured at that location are completed.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

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 location 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.

C. 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.

0305

ADDISON INSURANCE COMPANY

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL AUTO

9-AGENCY BILL -

COMMERCIAL AUTO COVERAGE PART

ISSUE DATE	12-30-2018	JHO	REPLACEMENT OF	0305	60489204	DECLARATIONS	RENEWAL	EXTENSION
ITEM	NAMED MR YARDS AND MORE LLC					AGENCY & CODE 050063		
	INSURED					MCCASHLAND-KIRBY INS AGCY		
NAME	AND					8231 NORTHWOODS DR STE A		
	ADDRESS 8729 REMI DR					LINCOLN NE 68505		
	LINCOLN NE 68526-1028							

POLICY PERIOD: 12:01 A.M. Standard time FROM: 01-27-2019 TO: 01-27-2020
 And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

BUSINESS DESCRIPTION: LAWN SERVICE
FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other LL COMPANY

ITEM TWO SCHEDULE OF COVERAGE AND COVERED AUTOS

This policy provides only those coverage where a charge is shown in the PREMIUM column below. Each of these coverages will apply only to those "autos" shown as COVERED AUTOS below.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT OF INSURANCE	PREMIUM
COVERED AUTO LIABILITY	07	\$1,000,000	3,698
MEDICAL PAYMENTS	07	SEE SUPPLEMENTAL DECLARATIONS	276
UNINSURED MOTORISTS-BI ONLY (INCLUDING UNDERINSURED MOTORISTS)	07	\$1,000,000	430
COMPREHENSIVE	07	SEE SUPPLEMENTAL DECLARATIONS	649
COLLISION	07	SEE SUPPLEMENTAL DECLARATIONS	1,230
MISC. SCHEDULED COVERAGES		SEE SUPPLEMENTAL DECLARATIONS	150

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		
Other Forms	SEE UW7002		

AMEND REASON:

PREMIUM FOR THIS COVERAGE PART \$ 6,433
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CA 70 41 03 93

**COMMERCIAL AUTO COVERAGE PART
SCHEDULE OF COVERED AUTOS YOU OWN**

0305 01-27-2019

POLICY NUMBER: 60489204

Coverage is provided where a premium and a limit of liability are shown for the coverage.

ITEM THREE

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY		
001	2014	CHRYSLER	200	1C3CCB8EN209582	25,000	0100	07398	26 103		
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO
LIMIT		(1)			5,000	(1)	(1)	COMP (3)		
DEDUCTIBLE						500		500		
PREMIUM		580		28	91 INC	209		406		
LOSS PAYEE ONEMAIN FINANCIAL AND AFFILIATES PO BOX 200049 KENNESAW GA 30156 LINCOLN NE 68524									TOTAL PREMIUM 1,314	

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY		
002	1991	DODGE	RAM	1B7HM16YXMS370358		0100	01489	26 103		
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO
LIMIT		(1)			5,000	(1)	(1)			
DEDUCTIBLE										
PREMIUM		603		55	62 INC					
LOSS PAYEE ONEMAIN FINANCIAL AND AFFILIATES PO BOX 200049 KENNESAW GA 30156 LINCOLN NE 68524									TOTAL PREMIUM 720	

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY		
003	2002	FORD	F150	1FTRX18L82NA08330	26,115	0100	01489	26 103		
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO
LIMIT		(1)			5,000	(1)	(1)	COMP (3)		
DEDUCTIBLE						500		500		
PREMIUM		603		55	62 INC	112		214		
LOSS PAYEE ONEMAIN FINANCIAL AND AFFILIATES PO BOX 200049 KENNESAW GA 30156 LINCOLN NE 68524									TOTAL PREMIUM 1,046	

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY		
004	2001	DODGE	RAM	1B7KF23721J605341		0100	01489	26 103		
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO
LIMIT		(1)			5,000	(1)	(1)			
DEDUCTIBLE										
PREMIUM		603		55	62 INC					
LOSS PAYEE ONEMAIN FINANCIAL AND AFFILIATES PO BOX 200049 KENNESAW GA 30156 LINCOLN NE 68524									TOTAL PREMIUM 720	

FOOTNOTES:

- (A) GUEST PIP
- (B) PEDESTRIAN PIP
- (1) LIMIT STATED IN "ITEM TWO" ON DECLARATIONS PAGE
- (2) LIMIT STATED IN EACH APPLICABLE ENDORSEMENT
- (3) ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS DEDUCTIBLE SHOWN FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING

- (4) ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM
- (5) ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS THE DEDUCTIBLE SHOWN FOR EACH COVERED AUTO
- (6) F= FIRE; F&T= FIRE & THEFT; FTW= FIRE, THEFT & WIND; LSP= LIMITED SPECIFIED CAUSE OF LOSS
- (7) PER DISABLEMENT
- (8) THEFT INCLUDED
- (9) WAIVER OF COLLISION DEDUCTIBLE

ABBREVIATIONS:

- AFB= ADDED FIRST PARTY BENEFITS
- APIP= ADDED PERSONAL INJURY PROTECTION
- COMP= COMPREHENSIVE
- FPB= FIRST PARTY BENEFITS
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- UIM= UNDERINSURED MOTORISTS
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**COMMERCIAL AUTO COVERAGE PART
SCHEDULE OF COVERED AUTOS YOU OWN**

0305 01-27-2019

POLICY NUMBER: 60489204

Coverage is provided where a premium and a limit of liability are shown for the coverage.

ITEM THREE

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY			
005	2013	LOAD KING	TRAILER	4ZESA1410D1040122	10,000	0100	68489	26 103			
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO	
LIMIT		(1)			5,000	(1)	(1)	COMP (3)			
DEDUCTIBLE					500	500					
PREMIUM		63		INC	INC	INC	56	99			
LOSS PAYEE								GARAGING LOCATION		TOTAL PREMIUM	
								LINCOLN		NE 68524	218

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY			
006	2005	HOMEMADE	TRAILER	4J6UT16295B066064		0100	68489	26 103			
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO	
LIMIT		(1)			5,000	(1)	(1)				
DEDUCTIBLE											
PREMIUM		63		INC	INC	INC					
LOSS PAYEE								GARAGING LOCATION		TOTAL PREMIUM	
								LINCOLN		NE 68524	63

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY			
007	2002	FORD	F250	1FTNW21S92ED65198	28,260	0100	01489	26 103			
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO	
LIMIT		(1)			5,000	(1)		COMP (3)			
DEDUCTIBLE					500	500					
PREMIUM		603		55	62	112	214				
LOSS PAYEE								GARAGING LOCATION		TOTAL PREMIUM	
								LINCOLN		NE 68524	1,046

UNIT NO.	YEAR	MAKE	MODEL	VEHICLE ID NO.	COST NEW	RADIUS (IN MILES)	CLASS	TERRITORY					
008	2011	CHEVROLET	IMPALA	1G1ZC5E1XBF398436	22,825		07398	26 103					
COVERAGES:		LIABILITY	PIP/FPB	APIP/AFP	MED. PAY.	UM	UIM	COLLISION (5)	TOWING	CARGO			
LIMIT		(1)			5,000	(1)	(1)	COMP (3)					
DEDUCTIBLE					500	500							
PREMIUM		580		28	91	INC	160	297					
LOSS ANDERSON CREDIT CONNECTION								GARAGING LOCATION		TOTAL PREMIUM			
PAYEE 3010 CORNHUSKER HWY								LINCOLN		NE 68504	LINCOLN	NE 68524	1,156

FOOTNOTES:

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POLICY NUMBER: 60489204

SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSURED

Schedule of Additional Insureds	Premium
ADDITIONAL INSURED OR INTEREST ENDORSEMENT	150
CA7130 -NEBRASKA	
Name of Insured	Interest
GATEWAY ONE LENDING & FINANCE	07 JEEP #422850
PO BOX 1013	
ATWOOD CA 92811	
GATEWAY ONE LENDING & FINANCE	14 CHRYSLER #209582
PO BOX 1013	
ATWOOD CA 92811	
CITY OF LINCOLN 555 S 10TH ST LINCOLN NE 68508	

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

Applicable to the state of Nebraska

CA0001(10-13)	BUSINESS AUTO COVG FORM
CA0156(10-13)	NE-CHGS
*CA0221(12-17)	NE-CHGS-CANCEL
CA0449(11-16)	PRIMARY & NONCONTRIBUTORY OTHER INSURANCE
CA2170(10-13)	NE-UM & UIM COVG
*CA2345(11-16)	PUBLIC/LIVERY PASSENGER CONVEYANCE & ON DEMAND DEL
CA2394(10-13)	SILICA/SILICA-RELATED DUST EXCL FOR COVERED AUTOS
*CA7039(02-15)	COMM AUTO COVG PART SCHEDULE OF COVERED AUTOS
*CA7041(03-93)	COMM AUTO COVG PART
*CA7116(01-07)	CA ADDITIONAL INSURED SUPPLEMENTAL DEC
CA7130(05-10)	ADDL INSURED/INTEREST END
CA9935(11-13)	NE-AUTO MED PAYMENTS COVG
CA9944(10-13)	LOSS PAYABLE CLAUSE
IL-0021(07-02)	NUCLEAR ENERGY LIAB EXCL
IL0017(11-98)	COMMON POLICY CONDITIONS
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7083(08-10)	PAYMENT OF LOSSES
*MCS90(04-14)	END FOR MOTOR CARRIER POLICIES OF INSURANCE
*ST1166CA(06-16)	NE-NOTICE UM/UIM COVG
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION
*ST1915(11-16)	ADVISORY NOTICE TO POLICYHOLDERS

