Tracking Number: 19020050 C-19-0213

AMENDMENT TO CONTRACT
Annual Service
Inspection and Repair of Vehicle Lifts
Quote No. 5533
City of Lincoln and Lancaster County
Renewal
Your Next Tire (Tredz Centrall)

This Amendment is hereby entered into by and between Your Next Tire dba Tredz Centrall, 209 Nemaha Street, Firth, NE 68358 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated February 6, 2017 executed under City Directorial Order No. 16520, and County Contract C-17-0229, dated March 28, 2017 for Annual Service - Inspection and Repair of Vehicle Lifts, Quote No. 5533, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is March 28, 2017 through March 27, 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 Directorial Order No. 18634, executed by the City on February 13, 2018, and by County Contract C-18-0080 executed by the County Board on February 13, 2018, to renew the contract for an additional one (1) year term from March 28, 2018 through March 27, 2019; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning March 28, 2019 through March 27, 2020; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$4,700.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$1,000.00 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. 16520 and County Contract C-17-0229, 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 March 28, 2019 through March 27, 2020.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$4,700.00 without approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this renewal shall not exceed \$1,000.00 without approval by the Lancaster County Board.
- 4) 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

Vendor Signature Page

AMENDMENT TO CONTRACT
Annual Service
Inspection and Repair of Vehicle Lifts
Quote No. 5533
City of Lincoln and Lancaster County
Renewal
Your Next Tire (Tredz Centrall)

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

Mail to: City/County Purchasing

Attn: Sandy Rocke

440 So. 8th St., Ste. 200

Lincoln, NE 68508

Or email to: srocke@lincoln.ne.gov

Company Name:	Tredz Central
By: (Please Sign)	What hat
By: (Please Print)	Blake Preston
Title:	Marager
Company Address:	PO Box 127 Cortland, NE 68331
Company Phone & Fax:	888-513-8473
E-Mail Address:	ppreston@yournexttire.com
Date:	2-8-19
Contact Person for Orders or Service	Blake Preston
Contact Phone Number:	402-480-2299

Tracking Number: 19020050

City of Lincoln Signature Page

AMENDMENT TO CONTRACT
Annual Service
Inspection and Repair of Vehicle Lifts
Quote No. 5533
City of Lincoln and Lancaster County
Renewal
Your Next Tire (Tredz Centrall)

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Chillips Countries CITY OF LINCOLN, NEBRASKA

Finance Director

Approved by Director Tall Order No. 20956

C-19-0213 Tracking Number: 19020050

Lancaster County Signature Page

AMENDMENT TO CONTRACT
Annual Service
Inspection and Repair of Vehicle Lifts
Quote No. 5533
City of Lincoln and Lancaster County
Renewal
Your Next Tire (Tredz Centrall)

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:	The Board of County Commissioners of Lancaster, Nebraska
Deputy Lancaster County Attorney	
	dated

YOURN

ACORD_{TM}

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2019

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(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

tł	is certificate does not confer any righ	its to	the	certificate holder in lieu c			1 /				
	DUCER				CONTACT Shane Elwood						
INSPRO Insurance					PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-483-7977						
					E-MAIL ADDRESS; selwood@insproins.com						
	coln, NE 68506				INSURER(S) AFFORDING COVERAGE					NAIC#	
402	483-4500									21415	
INSU	RED				INSURER B :						
	Tredz Central, LLC dba Yo	ur N	ext '	Tire							
PO Box 276				INSURE							
	Firth, NE 68358-0276				INSURE						
					INSURER E :						
					INSURER F:						
				NUMBER:	/E DEED	LIGOLUPE WAS		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.											
MAR MAT	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DB/YYYY)	LIM	тѕ		
Α	X COMMERCIAL GENERAL LIABILITY	X		4D96249				EACH OCCURRENCE	\$1,00	0,000	
	CLAIMS-MADE X OCCUR			•				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,		
								MED EXP (Any one person)	\$5,00		
	***************************************							PERSONAL & ADV INJURY		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00		
	PRO-							PRODUCTS - COMP/OP AGG			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000	
Α	OTHER: AUTOMOBILE LIABILITY			4E96249		07/01/2018	07/04/2040	COMBINED SINGLE LIMIT (Ea accident)		00,000	
^				450249		0770172016	07/01/2019		· · ·	00,000	
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per acciden	•		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			4J96249		07/01/2018	07/01/2019	EACH OCCURRENCE	\$1,00	0,000	
	EXCESS LIAB CLAIMS-MADE						ļ	AGGREGATE	\$1,00	0,000	
	DED X RETENTION \$0			w					\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Х	4H96249		07/01/2018	07/01/2019	X PER OTI	1-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	DPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	\$500,	000	
	(Mandatory in NH)	IA / M	1/A					E.L. DISEASE - EA EMPLOYE	£ \$500,	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$500,000		000	
Α	Garage Liability			4E96249		07/01/2018		\$1,000,000 / \$2,000			
	, , , , , , , , , , , , , , , , , , , ,							+ ·,, +,	,		
Α	Cargo			4C96249		07/01/2018	07/01/2019	\$100,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE								
Pol	icy includes Motor Truck Cargo L	egal	Lial	bility with a limit of \$10	000,00			•			
City	<i>ı</i> of Lincoln and/or Lancaster Cou	nty	and/	or City of Lincoln/Land	caster	County Pu	blic Buildin	g Commission			
	listed as additionally insured.										
^F	TITIOATE HOLDED				04115	HI LATION					
GEF	RTIFICATE HOLDER				CANC	ELLATION					
					SHO	III D ANV OF T	HE ABOVE DE	SCRIBED POLICIES BE O	ANCELL	EU BEEUDE	
City of Lincoln and Lancaster								REOF, NOTICE WILL			
County and City of Lincoln					ACCORDANCE WITH THE POLICY PROVISIONS.						
Lancaster County Public Building											
Comm. 555 South 10th Street				AUTHORIZED REPRESENTATIVE							
	Lincoln, NE 68508										
					James D. Miller d						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS INCLUDING COMPLETED OPERATIONS – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

/

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Project: All

Location Of Project: All

City of Lincoln

Lancaster County 555 So. 10th St.

Lincoln, NE 68508

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 arising out of "your work" performed for that additional insured by or for you at the location designated and described in the Schedule of this endorsement.

However:

- 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.

C. The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary and Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS INCLUDING COMPLETED OPERATIONS – PRIMARY AND NONCONTRIBUTORY

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Lancaster County 555 So. 10th St.

Lincoln, NE 68508

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- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



PRIOR POLICY: 4D9-62-49 EMPLOYERS MUTUAL CASUALTY COMPANY GENERAL LIABILITY DECLARATIONS . *_____* POLICY PERIOD: FROM 07/01/18 TO 07/01/19 * POLICY NUMBER * * 4 D 9 - 6 2 - 4 9---19 * NAMED INSURED: PRODUCER: _ _ _ _ _ _ _ _ _ INSPRO, INC TREDZ CENTRAL LLC DBA INSPRO INSURANCE (DBA) YOUR NEXT TIRE PO BOX 6847 PO BOX 276 LINCOLN NE 68506-0847 FIRTH NE 68358-0276 AGENT: AB 7842 AGENT PHONE: (402)483-4500 DIRECT BILL SAMUEL D. GIFFORD CLAIM REPORTING: (888) 362-2255 SERVICING CARRIER: (402)951-8300 THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 08/01/18. ______ BUSINESS DESC: TIRE STORES INSURED IS: LLC LIMITS OF INSURANCE EACH OCCURRENCE LIMIT 1,000,000 DAMAGE TO PREMISES RENTED TO YOU LIMIT 300,000 ANY ONE PREMISES 5,000 ANY ONE PERSON MEDICAL EXPENSE LIMIT PERSONAL AND ADVERTISING INJURY LIMIT \$ 1,000,000 ANY ONE PERSON OR ORGANIZATION 2,000,000 GENERAL AGGREGATE LIMIT 2,000,000 PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT _____ COVERAGES PROVIDED PREMIUM _______ 2,740.00 PRODUCTS/COMPLETED OPERATIONS 846.00 OTHER THAN PRODUCTS/COMPLETED OPERATIONS \$ _____ TOTAL ESTIMATED POLICY PREMIUM \$ SEE ATTACHED SCHEDULE FOR LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED.

DATE OF ISSUE: 07/02/18 BPP



PAGE 2

EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 4D9-62-49

YOUR NEXT TIRE

EFF DATE: 07/01/18

EXP DATE: 07/01/19

FORMS APPLICABLE:

CGBLE:
CG0001(04/13)*, CG2106(05/14)*, CG2147(12/07)*, CG2167(12/04)*,
CG2170(01/15)*, CG2176(01/15)*, CG2404(05/09)*, CG7001A(10/12)*,
CG7003(10/13)*, CG7165(07/14)*, CG7185(10/13)*, CG7191(08/14)*,
CG7193.1(10/13)*, CG8081(04/06)*, IL0021(05/02)*, IL0259(12/17)*,
IL7028(05/15)*, IL7131A(04/01)*, IL8021(04/88)*, IL8383.2A(01/15)*,
IL8384A(01/08)*, IL8576(09/09)*, IL8745(03/17)*

AUDIT PERIOD: ANNUAL

017



EMPLOYERS MUTUAL CASUALTY COMPANY POLICY NUMBER: 4D9-62-49---19 EFF DATE: 07/01/18 EXP DATE: 07/01/19 TREDZ CENTRAL LLC GENERAL LIABILITY POLICY DECLARATIONS ENDORSEMENT SCHEDULE EDITION FORM DATE DESCRIPTION/ADDITIONAL INFORMATION PREMIUM *CG0001 04-13 COMMERCIAL GEN LIABILITY COV FORM *CG2106 05-14 EXCL-ACCESS/DISCL OF CONFID/PERSONAL 12-07 EXCL-EMPLOYMENT RELATED PRACTICES *CG2147 *CG2167 12-04 FUNGI OR BACTERIA EXCLUSION 12-04 FUNGI OK BACIERIA EACHOUTON
01-15 CAP/LOSSES FROM CERT ACTS/TERRORISM
01-15 EXCL PUNITIVE DMGS ACTS OF TERRORISM
05-09 ---WAIVER/TRANSFER RIGHTS OF RECOVER *CG2170 *CG2176 *CG2404 NAME OF PERSON OR ORGANIZATION: CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR CITY OF LINCOLN/ LANCASTER COUNTY PUBLIC BUILDING COMM. *CG7001A 10-12 GENERAL LIABILITY SCHEDULE *CG7003 10-13 GL QUICK REFERENCE (OCCURRENCE) *CG7165 07-14 EXCL - HAZRDS IN DESIGNATED GAR OPER LOC OF GARAGE OPERATIONS/GARAGE POL NUM ANY PREMISES OR OPERATIONS COVERED BY GARAGE POLICY 4E9-62-49 10-13 EXCLUSION - LEAD *CG7185 08-14 GENERAL LIAB ESSENTIAL EXTENSION *CG7191 10-13 AI-OWN/LESS/CONTR - INCL COMP OPS *CG7193.1 NAME: GREAT BEND FARM & RANCH EXPO NAME: AUTOMOTIVE LIFT INSTITUTE INC NAME: WESTERN KANSAS MANUFACTURING ASSOCIATION NAME: FARMFEST - AT GILLIAN ESTATE AUGUST 2-4 NAME: DAKOTAFEST - AT SCHLAFFMAN FARM, AUGUST 16-18 NAME: MISSOURI STATE FAIR NAME: CHALLENGER LIFTS, INC.

DATE OF ISSUE: 07/02/18

(CONTINUED) TВ 4D96249 1901

CITY OF LINCOLN AND/OR

017 FORM: IL7131A (ED. 04-01)

NAME:



PAGE NO: 2
EMPLOYERS MUTUAL CASUALTY COMPANY POLICY NUMBER: 4D9-62-49---19

TREDZ CENTRAL LLC

EFF DATE: 07/01/18 EXP DATE: 07/01/19

GENERAL LIABILITY POLICY DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	 PREMIUM
	of least tend tend (1994) lend (1994) lend (1994)	LANCASTER COUNTY AND/OR CITY	
		OF LINCOLN/LANCASTER COUNTY	
		PUBLIC BUILDING COMM.	
*CG8081	04-06	FUNGI/BACTERIA NOTICE TO POLICYHOLDR	
*IL0021	05-02	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL0259	12-17	NE CHANGES - CANCELLATION/NONRENEWAL	
*IL7028	05-15	ASBESTOS EXCLUSION	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8021	04-88	ASBESTOS NOTICE	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 28
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	09-09	MEDICARE IMPT NOTICE TO POLICYHOLDER	
*TT.8745	03-17	TMPORTANT NOTICE TO POLICYHOLDERS	

DATE OF ISSUE: 07/02/18

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

City of Lincoln and Lancaster County and City of Lincoln/Lancaster County Public Building Commission

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 Tredz Central, LLC

;

Effective Policy No. 4H96249

Endorsement No.

Insured

Insurance Company EMC Insurance

Countereigned by

Premium

WC 00 03 13 (Ed. 4-84)