

AMENDMENT TO CONTRACT
Pharmacy Services for General Assistance Clients
RFP No. 18-025
Lancaster County
Renewal
Genoa Healthcare, LLC

This Amendment is hereby entered into by and between Genoa Healthcare, LLC, 3140 Neil Armstrong Blvd, Ste. 110, Eagan, MN 55121 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated April 22, 2018, under County Contract No. C-18-0230 for Annual Services Pharmacy Services for General Assistance Clients, RFP No. 18-025, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is May 22, 2018 through April 16, 2019, with the option to renew for five (5) additional one (1) year terms upon written mutual consent of both parties; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning April 17, 2019 through April 16, 2020; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal will combine all contracts awarded for a total estimated at \$385,000.00; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-18-0230, and stated herein the parties agree as follows:

- 1) The parties hereby renew the Contract for an additional one (1) year term beginning April 17, 2019 through April 16, 2020.
- 2) The expenditures for Lancaster County for the term of this renewal will combine all contracts awarded for a total estimated at \$385,000.00.
- 3) 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

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Renewal
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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

Company Name:	Genoa Healthcare, LLC
By: (Please Sign)	
By: (Please Print)	Ryan Butler, RPh
Title:	Regional Vice President of Operations
Company Address: corp.	707 S. Grady way #700, Renton, WA 98057
Company Phone & Fax:	253-280-8300, fax: 253-735-4741
E-Mail Address:	
Date:	March 27, 2019
Contact Person for: Service or Orders"	Karen Sowarek, Site Mgr
Contact Phone Number:	402-817-0165

Lancaster County Signature Page

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EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

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 Insured Person(s) Or Organization(s):

Persons or organizations that you are obligated, pursuant to written contract or agreement to provide with such insurance as is afforded by this policy; but they are insureds only if and to the minimum extent that such contract or agreement requires the person or organization to be afforded status as an insured. However, no person or organization is an insured under this provision of the Who is an Insured section of this policy (regardless of any limitation applicable thereto).

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.

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED/DESIGNATED INSURED AMENDMENT - PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Designated Person(s) or Organization(s):

All persons or organizations where required by written contract or agreement, prior to loss.

WHO IS AN INSURED (SECTION II) is amended to include the person(s) or organization(s) shown in the above Schedule, but only with respect to "accidents" arising out of work being performed for such person(s) or organization(s).

As respects any person(s) or organization(s) shown in the above Schedule with whom you have agreed in a written contract to provide primary insurance on a non-contributory basis, this insurance will be primary to and non-contributing with any other insurance available to such person(s) or organizations(s).



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 13 (00) -**

POLICY NUMBER: HC2J-UB-472M475-5-18

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 any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

Any person or organization for which the Named insured has agreed by written or Agreement contract or Agreement executed prior to loss to furnish this waiver.

DATE OF ISSUE: - -

ST ASSIGN: