

AMENDMENT TO CONTRACT
Annual Service
Backflow Preventers (Excludes Fire BP's)
Quote No. 5886
Lancaster County
Additional Location
Bob and Don's Plumbing

This Amendment is hereby entered into by and between Bob and Don's Plumbing, 4810 Adams Street, Lincoln, NE 68504 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated August 28, 2018, executed under County Contract No. C -18 - 0501, for Annual Service – Backflow Preventers (Excludes Fire BP's), Quote No. 5886, which is made a part hereof by this reference.

WHEREAS, the parties hereby amend the contract to add additional location at Lancaster County Corrections, 3801 West O Street, Lincoln, NE 68528, per Attachment A; and

WHEREAS, the expenditure for this service is \$2,300.00, for the remainder of the current term; and

WHEREAS, the revised contract total with the additional location is estimated to be \$11,500.00; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the County Contract No. C-18-0501 and stated herein the parties agree as follows:

- 1) The parties hereby amend the contract to add an additional location at Lancaster County Corrections, 3801 West O Street, Lincoln, NE 68528, per Attachment A.
- 2) The expenditure for this location is \$2,300.00, for the remainder of the current term.
- 3) The revised contract total with the additional location is estimated to be \$11,500.00.
- 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

Bob and Don's of Lincoln
 Po Box 4322
 Lincoln, NE, 68504

Estimate

Date	Estimate #
4/2/2019	154

Name / Address
Lancaster County Corrections Attn: Dave Scharf 3801 West O St. Lincoln, NE 68528

Project

Description	Qty	Rate	Total
annual back flow test on 16 devices	16	45.00	720.00

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Invoice will be paid in full upon completion of work to Bob and Don's Plumbing of Lincoln, Inc.

Print Name: _____

Signature: _____

Date: _____


Subtotal	\$720.00
Sales Tax (7.0%)	\$0.00
Total	\$720.00

Vendor Signature Page

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

Mail to: City/County Purchasing
Attn: Sandy Rocke
440 So. 8th Street, Suite 200
Or email to: srocke@lincoln.ne.gov

Company Name:	Bob and Don's Plumbing of Lincoln Inc
By: (Please Sign)	
By: (Please Print)	Jennifer Cropsey
Title:	President
Company Address:	PO Box 4322 Lincoln NE 68504
Company Phone & Fax:	402-464-2999 402-805-4108
E-Mail Address:	bobanddonsplumbing@gmail.com
Date:	4-11-19
Contact Person for: Orders or Service	Jennifer Cropsey
Contact Phone Number:	402-464-2999

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2018

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).

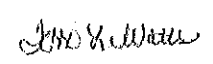
PRODUCER Watts Insurance Group 6221 S 58th St Ste E Lincoln NE 68516		CONTACT NAME: Terri Watts PHONE (A/C, No, Ext): (402) 261-3999 FAX (A/C, No): (402) 858-0950 E-MAIL ADDRESS: terri@wattsinsurancegroup.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: IMT WADENA	NAIG # 14257
INSURED Bob And Dons Plumbing Of Lincoln Inc PO Box 4322 Lincoln NE 68504		INSURER B: IMT INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL18121802253 **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
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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GLR6396	12/15/2018	12/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 AI Primary NC Incl CO \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
B	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	Y		CVR6396	12/15/2018	12/15/2019	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	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	Y	WCR6396	12/15/2018	12/15/2019

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission is added as an additional insured with respect to the general liability and auto liability as per the attached forms.
Waiver of Subrogation applies to the worker's compensation.

CERTIFICATE HOLDER City of Lincoln/Lancaster County Lincoln-Lancaster County Public 555 S 10th 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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Policy Number GLR6396

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - PRIMARY & NONCONTRIBUTORY,
INCLUDING COMPLETED OPERATIONS AND
WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of Lincoln, Lancaster County and Lincoln-Lancaster County
Public Building Commission
555 S 10th Street
Lincoln NE 68508

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to coverage provided by this Endorsement, the provisions of the Coverage Form apply unless modified by this Endorsement.

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person or organization shown in the Schedule, but only with respect to "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:

1. Acting on your behalf in connection with premises you own, rent, lease or occupy; or
2. Arising out of "your work" performed for that insured and included in the "products-completed operations hazard" as specified in the written contract, agreement or permit.

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.

- 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.

- D. **Condition 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Commercial General Liability Conditions** is amended to include the following:

This condition does not apply to any person or organization to which you waived this condition by written contract or agreement, but only to the extent that subrogation is waived prior to the "bodily injury" or "property damage" under the contract with that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED FOR COVERED AUTOS LIABILITY COVERAGE
DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Named Insured: Bob and Don's Plumbing Endorsement Effective Date: 12-15-2018

SCHEDULE

Name of Person(s) or Organization(s): City of Lincoln, Lancaster County and Lincoln-Lancaster County Public Building Commission 555 S 10th Street Lincoln NE 68508
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **Who Is An Insured** provision under **Covered Autos Liability Coverage**:

Any person or organization shown above in the Schedule is an "insured", but only with respect to liability for "bodily injury" or "property damage" caused by an "accident" that is, in whole or in part, caused by your acts or omissions or the acts or omissions of those acting on your behalf and resulting from the ownership, maintenance or use of a covered "auto".

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

EFFECTIVE DATE: 12/15/2018

POLICY NUMBER: WCR6396

INSURED: BOB AND DONS PLUMBING OF

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

CITY OF LINCOLN AND/OR LANCASTER COUNTY AND/OR CITY OF LINCOLN/LANCASTER COUNTY PUBLIC BUILDING COMMISSION
QSI'S CUSTOMER, QSI, QSI'S OFFICERS, OFFICIALS, EMPLOYEES, VOLUNTEERS, PROPERTY OWNER, LANDLORD AND PROPERTY MANAGER ARE PRIMARY, NON CONTRIBUTORY ADDITIONAL INSURED ASPECTS INCLUDING, COMPLETED OPERATIONS AS RESPECTS GENERAL LIABILITY AND AS ADDITIONAL INSURED ASPECTS AUTOMOBILE LIABILITY. QSI'S CUSTOMER, QSI QSI'S OFFICERS, OFFICIALS, EMPLOYEES, VOLUNTEERS, PROPERTY OWNER LANDLORD AND AUTOMOBILE, LIABILITY AND WORKERS' COMPENSATION.