## AMENDMENT TO CONTRACT Annual Supply Pharmacy Services for General Assistance Clients RFP No. 18-025 Lancaster County Renewal SAKRX, LLC dba Kohll's Rx

This Amendment is hereby entered into by and between SAKRX, LLC dba Kohll's Rx, 12741 Q Street, Omaha, NE 68137 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated April 17, 2018, under County Contract No. C-18-0188 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 April 17, 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

WHEREAS, "Contracted Vendors" shall mean all vendors who contract or who have contracted with the County pursuant to RFP No. 18-025 for Pharmacy Services for General Assistance Clients, and

WHEREAS, "Contracts" shall mean the collective contracts entered into between the County Vendors pursuant to RFP No. 18-025 for Pharmacy Services for General Assistance Clients, and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-18-0188, 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.
- "Contracted Vendors" shall mean all vendors who contract or who have contracted with the County pursuant to RFP No. 18-025 for Pharmacy Services for General Assistance Clients.
- 4) "Contracts" shall mean the collective contracts entered into between the County Vendors pursuant to RFP No. 18-025 for Pharmacy Services for General Assistance Clients.
- 5) 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

### AMENDMENT TO CONTRACT Pharmacy Services for General Assistance Clients RFP No. 18-025 Lancaster County Renewal SAKRX, LLC dba Kohll's Rx

# 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:	SAKRX, LEC Aba Kohll'S RX
By: (Please Sign)	Alla Jun
By: (Please Print)	Allen Korland
Tifle:	CEO
Company Address:	· 12741 Q 5+ Omaha 68137
Company Phone & Fax:	402-476-3341 P 402-476-3586
E-Mail Address:	1 bwalker@ Kohlls.com
Date:	4/29/19
Contact Person for: Service or Orders"	Bayce Walker
Contact Phone Number:	402-476-3341

C-19-0351

## Lancaster County Signature Page

## AMENDMENT TO CONTRACT Pharmacy Services for General Assistance Clients RFP No. 18-025 Lancaster County Renewal SAKRX, LLC dba Kohll's Rx

## 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) 03/25/2019

C B R	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.									
lf	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).									
	DUCER				CONTACT Cameron					
VAS	Ŧ				(A/G, NO, EXI)	28-7500	FAX (A/C, No):	(906) 2	228-5385	
300 South Front Street E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE										
Man	quette			MI 49855	Managah		urance Company		NAIC # 22306	
INSU	•	*******			INSORERA.		npany of America		31534	
	SAKRX, LLC				INSUREN D.					
	12741 Q Street				INSURER C :					
					INSURER D :					
	Omaha			NE 68137	INSURER E :					
0.01		TICIO	A.77.17		INSURER F :					
_	· · · · · · · · · · · · · · · · · · ·			NUMBER: 18-19-20 All Li			REVISION NUMBER:	<u></u>		
IN Ce	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERT/ (CLUSIONS AND CONDITIONS OF SUCH PC	REME	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRACT OR OTHER POLICIES DESCRIBE	R DOCUMENT \ D HEREIN IS S	MITH RESPECT TO WHICH TH			
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
					I	- <b>X</b>	DAMAGE TO BENTED	\$ 1,00		
	CLAIMS-MADE CCUR							\$ 100, 10.0		
А		Y		DDW/D744649	44/00/0049	44/08/0040		\$ 10,000		
~		T		RDW D714613	11/06/2018	11/06/2019		\$ 1,000,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:							\$ 3,000,000		
	POLICY PRO- JECT LOC							\$ 3,000,000		
	OTHER:							\$ 1,00		
						03/25/2020	(Ea accident)	\$ 1,00	0,000	
_	ANY AUTO									
В	AUTOS ONLY AUTOS	Y		AHW-D875965-00	03/25/2019		PROFEST (SULLOF			
	HIRED NON-OWNED AUTOS ONLY						(Per accident)	\$		
								\$ 1,00	0,000	
	VMBRELLA LIAB OCCUR				11/06/2018	11/06/2019	EACH OCCURRENCE	\$ 4,00	0,000	
А	EXCESS LIAB CLAIMS-MADE			UHW D714617			AGGREGATE	\$ 4,00	0,000	
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
в	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	Y W-D872258-00	03/25/2019	03/25/2020			0,000	
5	(Mandatory in NH)			W D072200 00	00/20/2010	03/25/2020		<sub>\$</sub> 1,00		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	Commercial Property						Data Breach	\$100	0,000	
В	Commercial Property			FZW-D8766788-00	03/25/2019	03/25/2020				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be attached if more s	bace is required)				
The	City of Lincoln and Lancaster County are ad	ditior	nal ins	ured with regards to the Gene	eral Liability and Auto L	lability policies	where required by written			
cont	ract. A waiver of subrogation applies in favo	r of th	e cert	ificate holder with regards to f	he workers compensa	tion policy.				
CER	TIFICATE HOLDER			···· ···· ····						
UCP	ATRIGATE HOLDER				CANCELLATION				******	
					SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CANO	ELLE	BEFORE	
					THE EXPIRATION D	DATE THEREOF	, NOTICE WILL BE DELIVERE			
	City of Lincoln/Lancaster County	'			ACCORDANCE WI	H THE POLICY	PROVISIONS.			
	555 So. 10th Street									
					AUTHORIZED REPRESE	NANVE	A			
	Lincoln			NE 68508		4				
					l	س)				
					1	© 1988-2015	ACORD CORPORATION.	All ria	nts reserved.	

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	Additional Named Insureds
Other Named Insureds	
IIK, LLC	Limited Liability Company, Additional Named Insured
IVK, LLC	Limited Liability Company, Additional Named Insured
Kohll's RX	Doing Business As
OFAPPINF (02/2007)	COPYRIGHT 2007, AMS SERVICES INC

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						. —		
Ref #	Description Covera   Employee Benefit Liability coverage Covera					Coverage Code	Form No.	Edition Date
Limit 1 1,000,0	000	Limit 2 3,000,000	Limit 3	Deductible Amount 1,000	Deduct	tible Type	Premium	-
Ref #	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount		tible Type	Premium	
Ref #	Description PIP-Basic	1			`	Coverage Code PIP	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 1,000,0	00	Limit 2	Limit 3	Deductible Amount	Deduct	lible Type	Premium	
Ref #	Descriptio					Coverage Code	Form No.	Edition Date
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Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1	L	Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1	L	Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
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Limit 1	L.,	Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
OFADT	LCV						Copyright 2001, A	MS Services, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

r		
1.	Additional Insured by Contract, Agreement or Permit	Included
2.	Additional Insured – Primary and Non-Contributory	Included
3.	Blanket Waiver of Subrogation	Included
4.	Bodily Injury Redefined	Included
5.	Broad Form Property Damage – Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	Knowledge of Occurrence	Included
7.	Liberalization Clause	Included
8.	Medical Payments – Extended Reporting Period	Included
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10.	Non-owned Watercraft	51 ft.
11.	Supplementary Payments Increased Limits	
	- Bail Bonds	\$2,500
	- Loss of Earnings	\$1000
12.	Unintentional Failure to Disclose Hazards	Included
13.	Unintentional Failure to Notify	Included

SUMMARY OF COVERAGES

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

The following is added to **SECTION II – WHO IS AN INSURED**:

# Additional Insured by Contract, Agreement or Permit

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured 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, but only with respect to:
- "Your work" for the additional insured(s) designated in the contract, agreement or permit;
- (2) Premises you own, rent, lease or occupy; or
- (3) Your maintenance, operation or use of equipment leased to you.
- **b.** The insurance afforded to such additional insured described above:
  - (1) Only applies to the extent permitted by law; and
  - (2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
- (4) Will not be broader than coverage provided to any other insured.
- (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
- c. This provision does not apply:
  - (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
  - (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
  - (3) To any lessor of equipment:
    - (a) After the equipment lease expires; or
    - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
  - (4) To any:
    - (a) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
    - (b) Managers or lessors of premises if:
      - (i) The occurrence takes place after you cease to be a tenant in that premises; or
      - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
  - (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by or for you.

 d. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III – LIMITS OF INSURANCE:

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

- 1. Required by the contract, agreement or permit described in Paragraph a.; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

2. Additional Insured – Primary and Non-Contributory

The following is added to **SECTION IV** – **COMMERCIAL GENERAL LIABILITY CONDITIONS,** Paragraph **4. Other insurance:** 

#### Additional Insured – Primary and Non-Contributory

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II – WHO IS AN INSURED**, is primary and non-contributory, the following applies:

If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

#### a. Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the

Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (1) For the sole negligence of the Additional Insured;
- (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (3) when b. below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below.

#### b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
  - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INURY AND PROPERTY DAMAGE LIABILITY.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other Insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self insured amounts under all that other insurance.
  - We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

#### 3. Blanket Waiver of Subrogation

The following is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

#### 4. Bodily Injury Redefined

**SECTION V – DEFINITIONS**, Definition **3.** "bodily injury" is replaced by the following:

 "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

#### 5. Broad Form Property Damage – Borrowed Equipment, Customers Goods, Use of Elevators

a. SECTION I – COVERAGES, COVERAGE A – BODILIY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to SECTION V DEFINITONS:
  - 24. "Customers goods" means property of your customer on your premises for the purpose of being:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE PART

#### A. The following is added to SECTION II -LIABILITY COVERAGE, Paragraph A.1. Who is An insured:

#### Additional Insured if Required by Contract

If you agree in a written contract, written agreement or written permit that a person or organization be added as an additional "insured" under this Coverage Part, such person or organization is an "insured"; but only to the extent that such person or organization qualifies as an "insured" under paragraph **A.1.c.** of this Section.

If you agree in a written contract, written agreement or written permit that a person or organization be added as an additional "insured" under this Coverage Part, the most we will pay on behalf of such additional "insured" is the lesser of:

- (1) The Limits of Insurance for liability coverage specified in the written contract, written agreement or written permit; or
- (2) The Limits of Insurance for Liability Coverage shown in the Declarations applicable to this Coverage Part.

Such amount shall be part of and not in addition to the Limits of Insurance shown in the Declarations applicable to this Coverage Part. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

B. The following is added to SECTION IV -BUSINESS AUTO CONDITIONS, Paragraph B. General Conditions, subparagraph 5. Other Insurance:

#### **Primary and Non-Contributory**

If you agree in a written contract, written agreement or written permit that the insurance provided to a person or organization who qualifies as an additional "insured" under **SECTION II - LIABILITY COVERAGE**, Paragraph **A.1. Who Is An Insured**, subparagraph **Additional Insured if Required by Contract** is primary and non-contributory, the following applies:

The liability coverage provided by this Coverage Part is primary to any other insurance available to the additional "insured" as a Named Insured. We will not seek contribution from any other insurance available to the additional "insured" except:

- (1) For the sole negligence of the additional "insured"; or
- (2) For negligence arising out of the ownership, maintenance or use of any "auto" not owned by the additional "insured" or by you, unless that "auto" is a "trailer" connected to an "auto" owned by the additional "insured" or by you; or
- (3) When the additional "insured" is also an additional "insured" under another liability policy.
- **C.** This endorsement will apply only if the "accident" occurs:
  - 1. During the policy period;
  - **2.** Subsequent to the execution of the written contract or written agreement or the issuance of the written permit; and
  - **3.** Prior to the expiration of the period of time that the written contract, written agreement or written permit requires such insurance to be provided to the additional "insured".
- **D.** Coverage provided to an additional "insured" will not be broader than coverage provided to any other "insured" under this Coverage Part.

#### ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



#### 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 555 SOUTH 10TH ST LINCOLN, NE 68508

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	Effective Policy No.	Endorsement No.	
	······································		
Insured		Premium	

**Insurance** Company

Countersigned by \_\_\_\_\_

### 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

LANCASTER COUNTY 555 SOUTH 10TH ST LINCOLN, NE 68508

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	Effective Policy No.	Endorsement No.
Insured		Premium

Insurance Company

Countersigned by \_\_\_\_\_



# WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY EXTENSION OF INFORMATION PAGE

				CARRIER CODI	E NO. 30937
Policy Number	From	Policy Period To	Coverage is Provided in th	10	Agency Code
WZW-D872258-00	03/25/2	019 03/25/2020	THE HANOVER AMERICAN INSURANC		0601597
ITEM 1. Named I	nsured and	Address	•	906-228-7500	
SAKRX LLC 12741 Q STREET			VAST 300 S FRONT ST		
OMAHA NE 6813	7		MARQUETTE, MI 49855		
Federal ID No. 8				aduppu	
POLICY * PAGE 8	* E N D	ORSEMENT/F	ORM SCHEDULE **	SCHEDUI PAGE	고표 2
STATE NUMB	a n			EFFECTIV	7 57
STATE NUMB	εŖ			DATE	1 1
					• •• ••
NE *L295	0503	CHILD LABOR LAWS AND	CONTRACTORS RESPONSIBILITY	03/25/2	L 9
NE *2606	01C0796	CANCELLATION AND NON	NRENEWAL ENDORSEMENT	03/25/	L9
NE *0000	0000115	WORKERS COMP AND EMI	PLOYERS LIABILITY INS POLICY	X 03/25/2	L 9
NE *0004	14A0119	NOTIFICATION OF CHAN	NGE IN OWNERSHIP ENDORSEMENT	C 03/25/:	19
NE *0004	04 0484	PENDING RATE CHANGE	END.	03/25/:	19
NE *0004	2280115	TRIPRA DISCLOSURE EN	NDORSEMENT	03/25/:	19
NE *0004	06 0884	PREMIUM DISCOUNT ENH	DORSEMENT	03/25/2	19
NE *0003	13 0484	WAIVER OF OUR RIGHT	TO RECOVER FROM OTHERS	03/25/:	19
NE *0004	24 0117	AUDIT NONCOMPLIANCE	CHARGE ENDORSEMENT	03/25/3	19
NE *9906	12 0216	TRADE OR ECONOMIC SA	ANCTIONS ENDT	03/25/3	19
NE *2604	03 0517	NE EXP RATING MODIF:	ICATION FACTOR REVISION END	C 03/25/1	19
NE *0004	21D0115	CATASTROPHE (NON-TEL	RRÓRISM) PREMIUM ENDT	03/25/3	19

Form 331-0226 (9-03) Date Issued: 04/18/2019 ORIGINAL/INSURED GROUP NAME: RETAILERS - SELECTIVE

4H

Payment Type: DIRECT BILL GROUP NUMBER; ZKT