C-19-0353

Tracking Number: 19040160

AMENDMENT TO CONTRACT Furniture and Installation – Teknion LLC TCPN Contract R142214 City of Lincoln and Lancaster County Renewal Teknion LLC

This Amendment is hereby entered into by and between Teknion LLC, 350 Fellowship Road, Suite 100, Mount Laurel, NJ 08054 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated July 2, 2015 executed under City Resolution No. A-89058, and County Contract C-15-0289, dated June 16, 2015 for Furniture and Installation – Teknion LLC, TCPN Contract R142214, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is July 2, 2015 through April 30, 2018, with the option to renew for two (2) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Executive Order No. 91806, executed by the City on May 3, 2018, and by County Contract No. C-18-0206 executed by the County Board on May 1, 2018 to renew the Contract for an additional one (1) year term from May 1, 2018 through April 30, 2019; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning May 1, 2019 through April 30, 2020; and

WHEREAS, the expenditures for the City of Lincoln for the term of this renewal shall not exceed \$25,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$20,000.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Resolution No. A-89058 and County Contract C-15-0289, 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 May 1, 2019 through April 30, 2020.
- 2) The expenditures for the City of Lincoln for the term of this renewal shall not exceed \$25,000.00 without approval by the City of Lincoln.
- The expenditures for Lancaster County for the term of this renewal shall not exceed \$20,000.00 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

Tracking Number: 19040160

Vendor Signature Page

AMENDMENT TO CONTRACT Furniture and Installation – Teknion LLC TCPN Contract R142214 City of Lincoln and Lancaster County Renewal Teknion LLC

Please sign, date and return within 2 days of receipt.

Mail to: City/County Purchasing

Attn: Lori L. Irons

440 So. 8th St., Ste. 200

Lincoln, NE 68508

Or email to: Ilirons@lincoln.ne.gov

Company Name:	Teknion LLC		
By: (Please Sign)	Johnson		
By: (Please Print)	Jeffrey M. Kraus		
Title:	Vice President		
Company Address:	350 Fellowship Road, Suite 100, Mt. Laurel, NJ 08054		
Company Phone & Fax:	856-596-7608 fax 856-596-8088		
E-Mail Address:	jeff.kraus@teknion.com		
Date:	April 16, 2019		
Contact Person for Orders or Service	Dawn Donnelly - Order Entry Manager		
Contact Phone Number:	856-552-5510		

City of Lincoln Signature Page

AMENDMENT TO CONTRACT Furniture and Installation – Teknion LLC TCPN Contract R142214 City of Lincoln and Lancaster County Renewal Teknion LLC

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:	
City Clerk	
	CITY OF LINCOLN, NEBRASKA
	Finance Director
	Approved by Directorial Order No
	dated

Lancaster County Signature Page

AMENDMENT TO CONTRACT
Furniture and Installation – Teknion LLC
TCPN Contract R142214
City of Lincoln and Lancaster County
Renewal
Teknion LLC

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) 04/17/2019

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(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). CONTACT Louise Lam **HUB International HKMB Limited** PHONE (A/C, No, Ext): 416-597-0008 E-MAIL Louise Jam@hub FAX (A/C, No): 416-597-2313 595 Bay Street, Ste 900 Toronto, ON M5G 2E3 E-MAIL ADDRESS: Louise.lam@hubinternational.com INSURER(S) AFFORDING COVERAGE NAIC# 23043 INSURER A :Liberty Mutual Insurance Company INSURED INSURER B: Teknion LLC 350 Fellowship Road INSURER C : Suite 100 INSURER D Mt. Laurel, NJ 08054 INSURER E : INSURER F **COVERAGES CERTIFICATE NUMBER:**SG77RSC5 **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) **TYPE OF INSURANCE** POLICY NUMBER LIMITS INSD WVD 09/01/2018 TB1B71171185018 09/01/2019 2,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 2.000.000 CLAIMS-MADE | X | OCCUR \$ PREMISES (Ea occurrence) 2.500 MED EXP (Any one person) 2,000,000 Х Χ PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED AUTOS ONLY HIRED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY S UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Teknion LLC, TCPN Contract R142214 City of Lincoln and Lancaster County are added as Additional Insured(s) to the Commercial General Liability Policy but only insofar as their legal liability arises, vicariously, out of operations performed by, or on behalf of, the Named Insured. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Lincoln

Lancaster County 555 So. 10th Street Lincoln, NE 68508 AUTHORIZED REPRESENTATIVE



KSTAHR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2019

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(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). CONTACT Karen Stahr PRODUCER License # 0019304-1 Hub International Midwest East PHONE (A/C, No, Ext): (616) 233-0187 625 Kenmoor Avenue SE, Suite 200 Grand Rapids, MI 49546 E-MAIL ADDRESS: karen.stahr@hubinternational.com INSURER(S) AFFORDING COVERAGE NAIC# 32700 **INSURER A: Owners Insurance Company** INSURED **INSURER B:** Teknion LLC & Studio TK LLC INSURER C 350 Fellowship Road INSURER D: Mount Laurel, NJ 08054 INSURER E INSURER F **COVERAGES CERTIFICATE NUMBER:** 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. ADDL SUBR POLICY EFF POLICY EXP POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT Loc POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 5212401100 1/14/2019 1/14/2020 ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY Χ NON-OWNED **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** CLAIMS-MADE **EXCESS LIAB AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Lincoln and Lancaster County are included as Additional Insureds in regards to commercial auto liability. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Lincoln **Lancaster County** 555 S 10th Street **AUTHORIZED REPRESENTATIVE** Lincoln, NE 68508

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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2019

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

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PRO	DUCER				CONTA NAME:				
	rsh & McLennan Agency LLC					o, Ext): 201 84	5-6600	FAX (A/C, No):	
	k 80 West, Plaza Two				E-MAIL ADDRE	SS:		[(40, 10).	
	Pehle Avenue, Suite 400						INSURER(S) AF	FORDING COVERAGE	NAIC#
Saddle Brook, NJ 07663				INSURER A : Hartford Underwriters Insurance Company			30104		
INSU					INSURE			•	
	Teknion LLC		_		INSURE	RC:			
	350 Fellowship Road, Suite	e 100)		INSURER D:				
	Mount Laurel, NJ 08054			_	INSURER E :				
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CO	/ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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.					HICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	***************************************	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	CLAIMS-MADE OCCUR						Ì	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
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	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			13WBNX2384		07/10/2018	07/10/2019		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							00,000
	(Mandatory in NH)	17/ A						E.L. DISEASE - EA EMPLOYEE \$1,0	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$1,0	00,000
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Wa	RIPTION OF OPERATIONS / LOCATIONS / VEHIC iver of Subrogation applies per w missible by state law.	ritte	CORE	o 101, Additional Remarks Schedul ntract with respects the	e, may i	e attached if mo kers Comp	ore space is requi ensation po	^{ired)} Diicy where	
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CEF	RTIFICATE HOLDER				CANC	ELLATION	· ····	•	
City of Lincoln Lancaster County 555 So. 10th Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Lincoln, NE 68508				AUTHORIZED REPRESENTATIVE				
					WM	.Ce.Cilant	To Afr		

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POLICY NUMBER: TB1-B71-171185-018

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

- 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:
 - 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:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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 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.

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations				
The City of Lincoln					
Lancaster County					
555 So. 10th Street					
Lincoln, NE 68508					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					