

AMENDMENT TO CONTRACT
Annual Services
Employee Medical Exams
City of Lincoln and Lancaster County
Renewal
Company Care

This Amendment is hereby entered into by and between Company Care, 5000 N. 26th St., Suite 200, Lincoln, NE 68521 (hereinafter "Contractor") and the City of Lincoln and Lancaster County (hereinafter "Owners"), for the purpose of amending the Contract dated June 29, 2018 executed under City Executive Order No. 91974, and County Contract C-18-0356, dated July 3, 2018 for Annual Services - Employee Medical Exams, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is July 3, 2018 through July 2, 2019, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning July 3, 2019 through July 2, 2020; and

WHEREAS, the parties hereby amend the Contract by replacing the first paragraph thereof with the following language:

- a. "THIS CONTRACT is made and entered into by and between Company Care, 5000 N. 26th St., Suite 200, Lincoln, NE 68521, hereinafter called "Contractor", and the City of Lincoln, Nebraska, a municipal corporation, and Lancaster County, Nebraska, a county and political subdivision of the State of Nebraska, hereinafter called "Owners.""

WHEREAS, the parties hereby agree that all references to "the City" or "the City of Lincoln" in the attachment to the Contract entitled "SPECIFICATIONS FOR EMPLOYEE MEDICAL EXAMS" shall constitute a reference to the Owners; and

WHEREAS, the expenditures for the City of Lincoln Human Resources Department – Risk Management for the term of this renewal shall not exceed \$35,000.00 without approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal shall not exceed \$16,500.00 without approval by the Lancaster County Board; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract under City Executive Order No. 91974, and County Contract C-18-0356, 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 July 3, 2019 through July 2, 2020.
- 2) The parties hereby amend the Contract by replacing the first paragraph thereof with the following language:
 - a. "THIS CONTRACT is made and entered into by and between Company Care, 5000 N. 26th St., Suite 200, Lincoln, NE 68521, hereinafter called "Contractor", and the City of Lincoln, Nebraska, a municipal corporation, and

Lancaster County, Nebraska, a county and political subdivision of the State of Nebraska, hereinafter called "Owners."

- 3) The parties hereby agree that all references to "the City" or "the City of Lincoln" in the attachment to the Contract entitled "SPECIFICATIONS FOR EMPLOYEE MEDICAL EXAMS" shall constitute a reference to the Owners.
- 4) The expenditures for the City of Lincoln Human Resources Department – Risk Management for the term of this renewal shall not exceed \$35,000.00 without approval by the City of Lincoln.
- 5) The expenditures for Lancaster County for the term of this renewal shall not exceed \$16,500.00 without approval by the Lancaster County Board.
- 6) 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 Services
Employee Medical Exams
City of Lincoln and Lancaster County
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Company Care

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

Mail to: City/County Purchasing
 Attn: Brianne Crooks
 440 So. 8th St., Ste. 200
 Lincoln, NE 68508
 Or email to: bcrooks@lincoln.ne.gov

Company Name:	Company Care
By: (Please Sign)	Brooke Boutin
By: (Please Print)	Brooke Boutin
Title:	Occupational Health Supervisor / Practice Mgr.
Company Address:	6000 N. 26th Street Suite 600
Company Phone & Fax:	402-475-6656; 402-742-8419
E-Mail Address:	brooke.boutin@catnolichealth.net
Date:	7-1-19
Contact Person for Orders or Service	Brooke Boutin; Joanne Bartels
Contact Phone Number:	402-475-6656; 402-430-2589

City of Lincoln Signature Page

**AMENDMENT TO CONTRACT
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Employee Medical Exams
City of Lincoln and Lancaster County
Renewal
Company Care**

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Leirion Gaylor Baird, Mayor

Approved by Executive Order No. _____

dated _____

Lancaster County Signature Page

**AMENDMENT TO CONTRACT
Annual Services
Employee Medical Exams
City of Lincoln and Lancaster County
Renewal
Company Care**

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)
06/19/2019

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).

PRODUCER Marsh USA Inc. 525 Vine Street, Suite 1600 Cincinnati, OH 45202 Attn: Cincinnati.CertRequest@marsh.com CN102557386-AL/WC-19-20 2611F	CONTACT NAME: PHONE (A/C, No., Ext): FAX (A/C, No): E-MAIL: ADDRESS:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B : Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER C : ACE Fire Underwriters Insurance Company</td> <td>20702</td> </tr> <tr> <td>INSURER D : Safety National Casualty Corporation</td> <td>15105</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Indemnity Insurance Company of North America	43575	INSURER C : ACE Fire Underwriters Insurance Company	20702	INSURER D : Safety National Casualty Corporation	15105	INSURER E :		INSURER F :
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** CLE-005704323-19 **REVISION NUMBER:** 2

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	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			SCA H2528141A	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMP/COLL DED. \$ 1,000/500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	WLR C65894919 (AOS)	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A				WLR C65894877 (AZ, CA, MA)	07/01/2019	07/01/2020	
C				SCF C65894993 (WI)	07/01/2019	07/01/2020	
D	Excess Workers' Compensation			SP 4060655 (AZ, CA, NV, OH, WA)	07/01/2019	07/01/2021	Limit 2,000,000 Self-Insured Retention 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: RFP EMPLOYEE MEDICAL EXAMS.
CITY OF LINCOLN AND LANCASTER COUNTY IS/ARE INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO AUTO LIABILITY.

CERTIFICATE HOLDER CITY OF LINCOLN LANCASTER COUNTY 555 SOUTH 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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CERTIFICATE OF INSURANCE		DATE: 5/3/19
PRODUCER:		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
Preferred Professional Insurance Company® P. O. Box 540658 Omaha, NE 68154-0658		
INSURED:		COMPANIES AFFORDING COVERAGE
The Physician Network 2000 Q St Ste 500 Lincoln, NE 68503-3610		COMPANY A PREFERRED PROFESSIONAL INSURANCE COMPANY®
		COMPANY B

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE COVERAGE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTION <input type="checkbox"/> CLAIMS MADE				GENERAL AGGREGATE PRODUCTS COMP/OP AGG PERSONAL AND ADV INJURY EACH OCCURRENCE FIRE DAMAGE (ANY ONE FIRE) MED EXPENSE (ANY ONE PERSON)	
A	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE RETRO DATE 7/1/2002 <input type="checkbox"/> OCCURRENCE	CHP0049394	7/1/2019	7/1/2020	\$500,000 EACH MEDICAL INCIDENT \$1,000,000 ANNUAL AGGREGATE	

All operations necessary and incidental to a health care facility. Hospital has qualified under the Nebraska Hospital-Medical Liability Act.

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster Public Building Commission are added as additional insured, ATIMA, as required per RFP# 16-033.

CERTIFICATE HOLDER	CANCELLATION
City of Lincoln &/or Lancaster Co &/or City of Linc/Lanc Co Public Bld Comm 555 S 10th St Lincoln, NE 68508	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 James McCoy, Assistant Secretary & SVP
PPIC-CERT AP-236 (9/10)	