

SECOND AMENDMENT

This Amendment is entered into this _____ day of _____, 2019, by and between Great Plains Appraisal, Inc., hereinafter referred to as "Referee Coordinator," and the County of Lancaster, Nebraska, hereinafter referred to as "the County." Collectively the County and the Referee Coordinator may be referred to as "Parties", and individually each may be referred to as a "Party".

WHEREAS, on March 26, 2019, the Parties entered into an Agreement pursuant to County Contract No. C-19-0243 for the provision of Referee Coordinator services to assist the Lancaster County Board of Equalization to review and decide written protests filed pursuant to Neb. Rev. Stat. § 77-1502; and

WHEREAS, the Parties hereby renew the Agreement for an additional three (3) year term beginning November 1, 2019 through October 31, 2022;

NOW, THEREFORE, in consideration of the mutual covenants contained in the Agreement and herein, it is agreed between the Parties as follows:

- 1) The Parties hereby renew the Agreement for an additional three (3) year term beginning November 1, 2019 through October 31, 2022.
- 2) All other terms of the Agreement, not in conflict with this Amendment, shall remain in force and effect.

EXECUTED this 4 day of September, 2019, by Referee Coordinator.

BY: 

NAME: Carly Gerbes

TITLE: President, Great Plains Appraisal

EXECUTED this _____ day of _____, 2019, by County.

BY: THE BOARD OF COUNTY
COMMISSIONERS OF LANCASTER
COUNTY, NEBRASKA

APPROVED AS TO FORM
this ____ day of _____, 2019

Deputy County Attorney for
PATRICK F. CONDON, County Attorney



CERTIFICATE OF LIABILITY INSURANCE

GREAT-5

OP ID: LH

DATE (MM/DD/YYYY)

02/12/2019

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 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).

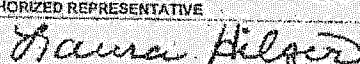
PRODUCER Vid-Alliance Ins Assoc, LLC 1600 So 48th St, Suite 114 Lincoln, NE 68516-4105 Tom A Powell MM		Phone: 402-421-7800 Fax: 402-421-7832		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):	
INSURED Great Plains Appraisal Co 115 Cherry Hill Blvd Lincoln, NE 68510-2639		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Owners Insurance Company		32700			
		INSURER B: Auto-Owners Insurance Group		18988			
		INSURER C: Lloyd's of London		32727			
		INSURER D:					
		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.

VSRT	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners	X	4971117800	01/24/2019	01/24/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4971117800	01/24/2019	01/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB RETENTIONS					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	N/A	X 39057167	01/24/2019	01/24/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab		MPL141654219	02/20/2019	02/20/2020	E&O \$ 1,000,000 Ded \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 County of Lancaster, Nebraska is an Additional Insured on the General liability. Waiver of Subrogation applies on the Work Comp.

CERTIFICATE HOLDER County of Lancaster, Nebraska 555 S 10th St 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 	

Agency Code 20-0048-00

Policy Number 49-711-178-00

54619 (8-94)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS ADDITIONAL INSURED ENDORSEMENT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

SCHEDULE*

Name of Person or Organization:

COUNTY OF LANCASTER, NEBRASKA

Address:

555 S 10TH ST
LINCOLN NE 68508

Interest:

It is agreed:

WHO IS INSURED is amended as follows:

The person or organization shown above is an insured but only with respect to their liability:

1. to which this insurance applies; and
2. which arises out of the specific interest described above.

The limits of insurance for the additional insured are those specified in the written contract or agreement between the insured and the person or organization named above, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

All other terms and conditions of the policy apply.

*If the information is not shown in the Schedule, it will be shown in the Declarations.

Worker's Compensation and Employers Liability Insurance Policy

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

WC 00 03 13

We have the right to recover our payments from anyone liable for any injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

COUNTY OF LANCASTER, NEBRASKA
555 S 10TH ST
LINCOLN, NE 68508

CITY OF LINCOLN, NEBRASKA
A MUNICIPAL CORPORATION
555 SOUTH 10TH ST, STE 205
LINCOLN, NE 68508