

**AMENDMENT TO CONTRACT**  
**Annual Supply**  
**Workstations and Accessories**  
**Bid No. 17-140**  
**City of Lincoln, Lancaster County and**  
**City of Lincoln-Lancaster County Public Building Commission**  
**Price Increase and Additional Items**  
**AOI**

This Amendment is hereby entered into by and between AOI, 8320 Cody Dr., Lincoln, NE 68512 (hereinafter "Contractor") and City of Lincoln, Lancaster County and the City of Lincoln-Lancaster County Public Building Commission, (hereinafter "Owners"), for the purpose of amending the Contract dated August 10, 2017 executed under City Directorial Order No. 17628, and County Contract C-17-0645, dated August 15, 2017, and executed by the City of Lincoln-Lancaster County Public Building Commission, on September 12, 2017, for Annual Supply - Workstations and Accessories, Bid No. 17-140, which is made a part of this amendment by this reference.

WHEREAS, the parties hereby amend the Contract to reflect a price increase for the items listed as per Attachment A for the remainder of the current term; and

WHEREAS, the parties hereby amend the Contract to reflect additional Symmetry items as per Attachment B for the remainder of the current term; and

WHEREAS, the expenditures for the City of Lincoln will increase by \$2,000.00 for the remainder of this Contract term; and

WHEREAS, the expenditures for Lancaster County will increase by \$1,000.00 for the remainder of this Contract term; and

WHEREAS, the expenditures for the City of Lincoln-Lancaster County Public Building Commission will have no price increase for the remainder of this Contract term; and

WHEREAS, the revised contract total with the price increase for the City of Lincoln is estimated to be \$27,000.00; and

WHEREAS, the revised contract total with the price increase for Lancaster County is estimated to be \$13,000.00; and

WHEREAS, the revised contract total with the price increase for the City of Lincoln-Lancaster County Public Building Commission is estimated to remain the same at \$500.00; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Directorial Order 17628, and County Contract C-17-0645 and stated herein the parties agree as follows:

- 1) The parties hereby amend the Contract to reflect a price increase for the items listed as per Attachment A for the remainder of the current term.
- 2) The parties hereby amend the Contract to reflect additional Symmetry items as per Attachment B for the remainder of the current term.
- 3) The expenditures for the City of Lincoln will increase by \$2,000.00 for the remainder of this Contract term.
- 4) The expenditures for Lancaster County will increase by \$1,000.00 for the remainder of this Contract term.
- 5) The expenditures for the City of Lincoln-Lancaster County Public Building Commission will have no price increase for the remainder of this Contract term.

- 6) The revised contract total with the price increase for the City of Lincoln is estimated to be \$27,000.00.
- 7) The revised contract total with the price increase for Lancaster County is estimated to be \$13,000.00.
- 8) The revised contract total with the price increase for the City of Lincoln-Lancaster County Public Building Commission is estimated to remain the same at \$500.00.
- 9) 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

City of Lincoln Signature Page

Lancaster County Signature Page


City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

AMENDMENT TO CONTRACT  
Annual Supply  
Workstations and Accessories  
Bid No. 17-140  
City of Lincoln, Lancaster County and  
City of Lincoln-Lancaster County Public Building Commission  
Price Increase and Additional Items  
AOI

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

E-Mail to: [dwinkler@lincoln.ne.gov](mailto:dwinkler@lincoln.ne.gov)

Company Name:	AOI Corporation
By: (Please Sign)	
By: (Please Print)	Ryan Aerni
Title:	Account manager
Company Address:	8320 Cody Dr Lincoln NE 68507
Company Phone & Fax:	402-476-0055 - 402-896-9445 - Fax
E-Mail Address:	raerni@aoicorp.com
Date:	9/20/19
Contact Person for Service or Orders	Ryan Aerni
Contact Phone Number	402-499-3806

**City of Lincoln Signature Page**

---

**AMENDMENT TO CONTRACT  
Annual Supply  
Workstations and Accessories  
Bid No. 17-140  
City of Lincoln, Lancaster County and  
City of Lincoln-Lancaster County Public Building Commission  
Price Increase and Additional Items  
AOI**

**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  
Annual Supply  
Workstations and Accessories  
Bid No. 17-140  
City of Lincoln, Lancaster County and  
City of Lincoln-Lancaster County Public Building Commission  
Price Increase and Additional Items  
AOI**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

\_\_\_\_\_  
Deputy Lancaster County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

dated \_\_\_\_\_

**City of Lincoln-Lancaster County Public Building Commission  
Signature Page**

---

**AMENDMENT TO CONTRACT  
Annual Supply  
Workstations and Accessories  
Bid No. 17-140  
City of Lincoln, Lancaster County and  
City of Lincoln-Lancaster County Public Building Commission  
Price Increase and Additional Items  
AOI**

**EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION**

ATTEST:

\_\_\_\_\_  
Public Building Commission Attorney

\_\_\_\_\_  
Chairperson, Public Building Commission

dated \_\_\_\_\_

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	1 of 14

**BILL TO**  
 City of Lincoln  
 555 S 10 St  
 AP / AR  
 Lincoln, NE 68508

**INSTALL AT**  
 City of Lincoln  
 555 S 10 St  
 AP / AR  
 Lincoln, NE 68508

ATTN: Rachelle Hinze  
 Phone: 402-441-8313  
 Email: rhinze@lincoln.ne.gov

ATTN: Rachelle Hinze  
 Phone: 402-441-8313  
 Email: rhinze@lincoln.ne.gov

Line	Quantity	Description	Unit Price	Extended Amount
1	1.00 Each	D&I-AOI Installation LABOR Labor to receive, deliver, and install 1-Height Adjustable Table	125.00	125.00
2	1.00 Each	D&I-AOI Installation LABOR Labor to receive, deliver, and install 1-Sit to Stand Workstation	125.00	125.00
3	1.00 Each	D&I-AOI Installation LABOR Labor to receive, deliver, and install 1-Monitor Arm	70.00	70.00
4	1.00 Each	D&I-AOI Installation LABOR Labor to receive, deliver, and install 1-Keyboard Tray	70.00	70.00
5	1.00 Each	D&I-AOI Installation LABOR Labor to receive, deliver, and install 1-Wall-Mounted Tech Station	125.00	125.00
6	1.00 Each	D&I-AOI Installation LABOR Deliver and install 2 Leg Height Adjustable Base to Existing Work Surface. Includes cutting surface, and reassembly	250.00	250.00
7	1.00 Each	D&I-AOI Installation LABOR deliver and install 3 leg height adjustable base to existing work surface. Includes cutting and reassembly	350.00	350.00
8	1.00 Each	Herman Miller DU7A.E24C--NNP-SUD-G2-57 @Table Base Kit - 2 Legs, Elec Std Range, 24D, C Foot Type OPTION: NNP:@no power access OPTION: SUD:@simple up down OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base	994.84	994.84
9	1.00 Each	Herman Miller DU7A.E30C--NNP-SUD-G2-57 @Table Base Kit - 2 Legs, Elec Std Range, 30D, C Foot Type OPTION: NNP:@no power access	994.84	994.84

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	2 of 14

		OPTION: SUD:@simple up down OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base		
10	1.00 Each	Herman Miller DV7AT.2448E--STS-G2-57 @Hgt Adj Base Kit w/T-Foot, Elec Std Range, 24D 48W OPTION: STS:@simple up/down touch switch OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base	608.76	608.76
11	1.00 Each	Herman Miller DV7AT.2472E--STS-G2-57 @Hgt Adj Base Kit w/T-Foot, Elec Std Range, 24D 72W OPTION: STS:@simple up/down touch switch OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base	631.94	631.94
12	1.00 Each	Herman Miller DV7AT.3048E--STS-G2-57 @Hgt Adj Base Kit w/T-Foot, Elec Std Range, 30D 48W OPTION: STS:@simple up/down touch switch OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base	620.16	620.16
13	1.00 Each	Herman Miller DV7AT.3072E--STS-G2-57 @Hgt Adj Base Kit w/T-Foot, Elec Std Range, 30D 72W OPTION: STS:@simple up/down touch switch OPTION: G2:@graphite satin leg with graphite satin foot OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Base	643.72	643.72
14	1.00 Each	Herman Miller DU6ACS.2448LE--NNP-SUD-98-98-G2-PSC-NNN-57 @Renew Rect Tbl, C-Foot,Sq-Edge,Lam Top/Thermo Edge,Elec Std OPTION: NNP:@no power access OPTION: SUD:@simple up down OPTION: 98:@studio white OPTION: 98:@studio white OPTION: G2:@graphite satin leg with graphite satin foot OPTION: PSC:@simple cable OPTION: NNN:@no cutout OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	1,069.32	1,069.32
15	1.00 Each	Herman Miller DU6ACS.2472LE--NNP-SUD-98-98-G2-PSC-NNN-57	1,166.98	1,166.98



# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	3 of 14

		@Renew Rect Tbl, C-Foot,Sq-Edge,Lam Top/Thermo Edge,Elec Std OPTION: NNP:@no power access OPTION: SUD:@simple up down OPTION: 98:@studio white OPTION: 98:@studio white OPTION: G2:@graphite satin leg with graphite satin foot OPTION: PSC:@simple cable OPTION: NNN:@no cutout OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table		
16	1.00 Each	Herman Miller DU6ACS.3048LE--NNP-SUD-98-98-G2-PSC-NNN-57 @Renew Rect Tbl, C-Foot,Sq-Edge,Lam Top/Thermo Edge,Elec Std OPTION: NNP:@no power access OPTION: SUD:@simple up down OPTION: 98:@studio white OPTION: 98:@studio white OPTION: G2:@graphite satin leg with graphite satin foot OPTION: PSC:@simple cable OPTION: NNN:@no cutout OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	1,123.28	1,123.28
17	1.00 Each	Herman Miller DU6ACS.3072LE--NNP-SUD-98-98-G2-PSC-NNN-57 @Renew Rect Tbl, C-Foot,Sq-Edge,Lam Top/Thermo Edge,Elec Std OPTION: NNP:@no power access OPTION: SUD:@simple up down OPTION: 98:@studio white OPTION: 98:@studio white OPTION: G2:@graphite satin leg with graphite satin foot OPTION: PSC:@simple cable OPTION: NNN:@no cutout OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	1,215.24	1,215.24
18	1.00 Each	Herman Miller DV6ATS.2448LE--STS-1T-98-G2-57 @Rect Table w/T-Foot, Sq-Edge, Lam Top/TP Edge, Elec Std Ran OPTION: STS:@simple up/down touch switch OPTION: 1T:@pre-determined top/edge OPTION: 98:@studio white OPTION: G2:@graphite satin OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	695.78	695.78
19	1.00 Each	Herman Miller DV6ATS.2472LE--STS-1T-98-G2-57 @Rect Table w/T-Foot, Sq-Edge, Lam Top/TP Edge, Elec Std Ran OPTION: STS:@simple up/down touch switch	779.38	779.38

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	4 of 14

		OPTION: 1T:@pre-determined top/edge OPTION: 98:@studio white OPTION: G2:@graphite satin OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table		
20	1.00 Each	Herman Miller DV6ATS.3048LE--STS-1T-98-G2-57 @Rect Table w/T-Foot, Sq-Edge, Lam Top/TP Edge, Elec Std Ran OPTION: STS:@simple up/down touch switch OPTION: 1T:@pre-determined top/edge OPTION: 98:@studio white OPTION: G2:@graphite satin OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	738.34	738.34
21	1.00 Each	Herman Miller DV6ATS.3072LE--STS-1T-98-G2-57 @Rect Table w/T-Foot, Sq-Edge, Lam Top/TP Edge, Elec Std Ran OPTION: STS:@simple up/down touch switch OPTION: 1T:@pre-determined top/edge OPTION: 98:@studio white OPTION: G2:@graphite satin OPTION: 57:@glides Mark Line For: Tag L1: Hgt Adj Table	842.46	842.46
22	1.00 Each	Herman Miller Y7737.2K--0H +LS Series Keyboard Solutions, 19 Inch Track, 27" HDPE Tray OPTION: 0H:+black Mark Line For: Tag L1: Keyboard Tray	205.02	205.02
23	1.00 Each	Herman Miller Y7727.1K +LT Series Keyboard Solutions, 19 Inch Track, 27W HDPE Tray Mark Line For: Tag L1: Keyboard Tray	228.99	228.99
24	1.00 Each	Herman Miller Y7724.L +LX Series Keyboard Solutions, 27W HDPE Tray Mark Line For: Tag L1: Keyboard Tray	269.79	269.79
25	1.00 Each	Herman Miller Y7741.2K--0H @TL Series Keyboard Solutions, 19 Track, 27" HDPE Tray OPTION: 0H:@black Mark Line For: Tag L1: Keyboard Tray	220.83	220.83
26	1.00 Each	Herman Miller Y91175.CM--0I +Flo Dual-Screen Monitor Arm - Surface Clamp Mount OPTION: 0I:+silver Mark Line For: Tag L1: Monitor Arm-Dual	374.85	374.85

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aemi
Page	5 of 14

27	1.00 Each	Herman Miller Y91180.152CM--0I @Flo Modular Monitor Arm Assembly,15-3/4H Post,2 Arms,Surf C OPTION: 0I:@silver Mark Line For: Tag L1: Monitor Arm-Dual	450.33	450.33
28	1.00 Each	Herman Miller Y91174.2CM--0I @Flo Plus Monitor Arm Assembly, Flo Plus Dual, Clamp Mount OPTION: 0I:+silver Mark Line For: Tag L1: Monitor Arm-Dual	366.18	366.18
29	1.00 Each	Herman Miller Y91171.CM--0I +Flo Sngle-Screen Monitor Arm Support,Surf Clamp OPTION: 0I:+silver Mark Line For: Tag L1: Monitor Arm-Single	185.13	185.13
30	1.00 Each	Herman Miller Y7800.1--0H @Altissimo Prime Sit-to-Stand Workstation Arm, Single Monito OPTION: 0H:@black Mark Line For: Tag L1: Sit/Stand Workstation	478.38	478.38
31	1.00 Each	Herman Miller Y7800.2--0H @Altissimo Prime Sit-to-Stand Workstation Arm, Dual Monitor OPTION: 0H:@black Mark Line For: Tag L1: Sit/Stand Workstation	556.41	556.41
32	1.00 Each	Herman Miller Y94004. @FX40 Compact Wall-mount Technology Support Mark Line For: Tag L1: Wall-Mounted Tech Station	1,197.48	1,197.48
33	1.00 Each	Herman Miller Y94009.48 @HD Wall Mount Technology - Slider Platform, 48" Track Mark Line For: Tag L1: Wall-Mounted Tech Station	1,700.34	1,700.34
34	1.00 Each	Herman Miller Y94015.34--0J @Mbrace Wall-Mounted Technology, 34 Inches Long OPTION: 0J:@white Mark Line For: Tag L1: Wall-Mounted Tech Station	988.38	988.38
35	1.00 Each	Herman Miller Y7790. +Palm Rest,Keybd Tray Mark Line For: Tag L1: Wrist Rest	26.52	26.52
36	1.00 Each	Herman Miller Y7751. +Freestanding Palm Rest	36.72	36.72

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	6 of 14

37	1.00 Each	Mark Line For: Tag L1: Wrist Rest Herman Miller Y7792. +Palm Rest,Input Device Platform Mark Line For: Tag L1: Wrist Rest	49.47	49.47
38	1.00 Each	Humanscale Corp 6G 900 90--H-G-22 6G Black Mechanism / 900 - Std. Platform / 90 - 8.5" Clip Mo OPTION: H:High Clip Mouse OPTION: G:19" Gel w/ Synt. Leather Cvr OPTION: 22:Std 21.625" Track Mark Line For: Tag L1: Keyboard Tray Tag L3: Group 1	178.60	178.60
39	1.00 Each	Humanscale Corp 6FB 500--G27-14 6FB Float Keyboard System Mechanism Black / 500 - Big Platfo OPTION: G27:27" Gel w/ Lycra OPTION: 14:14" Track Mark Line For: Tag L1: Keyboard Tray Tag L3: Group 1	142.50	142.50
40	1.00 Each	Humanscale Corp M8--C-B-1-W----- M8 Monitor Arm OPTION: C:Clamp Mount OPTION: B:Black w/ Black Trim OPTION: 1:Fixed Angled Link/Dynamic Link OPTION: W:Long Crossbar for 2 Monitors OPTION: ~:Standard 100mm x 100mm - also with 75x75 OPTION: -:Standard packaging for orders of 3 or more OPTION: ---:No Selection Mark Line For: Tag L1: Monitor Arm-Dual Tag L3: Group 1	271.31	271.31
41	1.00 Each	Humanscale Corp MF2--2-B-2-2-C-12----- MFlex for M2 Arms OPTION: 2:Bracket for 2 Monitors OPTION: B:Black with Black Trim OPTION: 2:8" Straight Link/Dynamic Link OPTION: 2:8" Straight Link/Dynamic Link OPTION: C:Clamp Mount OPTION: 12:12"H Post (Single Row Only) OPTION: -:Std 100mm x 100mm(also used for 75mm x 75mm) OPTION: ~:No Post Stop OPTION: -:Standard packaging for orders of 3 or more OPTION: ---:No Selection Mark Line For: Tag L1: Monitor Arm-Dual Tag L3: Group 1	274.73	274.73

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	7 of 14

42	1.00 Each	Humanscale Corp M2--C-B-1-S----- M2 Monitor Arm OPTION: C:Clamp Mount OPTION: B:Black with Black Trim OPTION: 1:Fixed Angled Link/Dynamic Link OPTION: S:Standard Ball Joint OPTION: -:Standard 100mm x 100mm - also with 75x75 OPTION: -:Standard packaging for orders of 3 or more OPTION: ---:No Selection Mark Line For: Tag L1: Monitor Arm-Single Tag L3: Group 1	125.02	125.02
43	1.00 Each	Humanscale Corp M8--C-B-1-S~----- M8 Monitor Arm OPTION: C:Clamp Mount OPTION: B:Black w/ Black Trim OPTION: 1:Fixed Angled Link/Dynamic Link OPTION: S:Standard Ball Joint OPTION: ~:Standard 100mm x 100mm - also with 75x75 OPTION: ~:Standard packaging for orders of 3 or more OPTION: ---:No Selection Mark Line For: Tag L1: Monitor Arm-Single Tag L3: Group 1	195.31	195.31
44	1.00 Each	Humanscale Corp FN--B-M-43-XXXXXXX Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 43:For 48-54" Wide x 30" Deep Tops OPTION: XXXXXXX:No Top Selection Mark Line For: Tag L1: Hgt Adj Base Tag L3: Group 2	949.50	949.50
45	1.00 Each	Humanscale Corp FN--B-M-63-XXXXXXX Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 63:For 60-72" Wide x 30" Deep Tops OPTION: XXXXXXX:No Top Selection Mark Line For: Tag L1: Hgt Adj Base Tag L3: Group 2	974.50	974.50
46	1.00 Each	Humanscale Corp FE--S-A-3-XXXXXXX Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller	824.50	824.50

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	8 of 14

		OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: XXXXXXXX:No Top Selection Mark Line For: Tag L1: Hgt Adj Base Tag L3: Group 2		
47	1.00 Each	Humanscale Corp FN--B-M-43-3048-BL-F Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 43:For 48-54" Wide x 30" Deep Tops OPTION: 3048:30"D x 48"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,162.00	1,162.00
48	1.00 Each	Humanscale Corp FN--B-M-43-3054-BL-F Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 43:For 48-54" Wide x 30" Deep Tops OPTION: 3054:30"D x 54"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,174.50	1,174.50
49	1.00 Each	Humanscale Corp FN--B-M-63-3060-BL-F Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 63:For 60-72" Wide x 30" Deep Tops OPTION: 3060:30"D x 60"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,212.00	1,212.00
50	1.00 Each	Humanscale Corp FN--B-M-63-3066-BL-F Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 63:For 60-72" Wide x 30" Deep Tops OPTION: 3066:30"D x 66"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table	1,222.00	1,222.00

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	9 of 14

51	1.00 Each	Tag L3: Group 2 Humanscale Corp FN--B-M-63-3072-BL-F Float Table OPTION: B:Black OPTION: M:Mounted OPTION: 63:For 60-72" Wide x 30" Deep Tops OPTION: 3072:30"D x 72"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,242.00	1,242.00
52	1.00 Each	Humanscale Corp FE--S-A-2-E2448-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 2:For 40-72" Wide x 24" Deep Tops OPTION: E2448:24"D x 48"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,022.00	1,022.00
53	1.00 Each	Humanscale Corp FE--S-A-2-E2454-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 2:For 40-72" Wide x 24" Deep Tops OPTION: E2454:24"D x 54"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,037.00	1,037.00
54	1.00 Each	Humanscale Corp FE--S-A-2-E2460-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 2:For 40-72" Wide x 24" Deep Tops OPTION: E2460:24"D x 60"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,049.50	1,049.50
55	1.00 Each	Humanscale Corp FE--S-A-2-E2466-BL-F	1,064.50	1,064.50

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	10 of 14

		Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 2:For 40-72" Wide x 24" Deep Tops OPTION: E2466:24"D x 66"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2		
56	1.00 Each	Humanscale Corp FE--S-A-2-E2472-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 2:For 40-72" Wide x 24" Deep Tops OPTION: E2472:24"D x 72"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,079.50	1,079.50
57	1.00 Each	Humanscale Corp FE--S-A-3-E3048-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: E3048:30"D x 48"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,037.00	1,037.00
58	1.00 Each	Humanscale Corp FE--S-A-3-E3054-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: E3054:30"D x 54"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,049.50	1,049.50
59	1.00 Each	Humanscale Corp FE--S-A-3-E3060-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller	1,062.00	1,062.00



# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	11 of 14

		OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: E3060:30"D x 60"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2		
60	1.00 Each	Humanscale Corp FE--S-A-3-E3066-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: E3066:30"D x 66"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,072.00	1,072.00
61	1.00 Each	Humanscale Corp FE--S-A-3-E3072-BL-F Float Electric Table OPTION: S:Silver OPTION: A:Analog Controller OPTION: 3:For 40-72" Wide x 30" Deep Tops OPTION: E3072:30"D x 72"W Laminate Top OPTION: BL:Black OPTION: F:Flat Edge Mark Line For: Tag L1: Hgt Adj Table Tag L3: Group 2	1,092.00	1,092.00
62	1.00 Each	Humanscale Corp QS--B-H-30-F-N-N QUICKSTAND BASE OPTION: B:Black OPTION: H:Heavy Monitor Mount (Sgl Scrn) OPTION: 30:30" Large Platform OPTION: F:Freestanding Base OPTION: N:No Cables OPTION: N:No Cables Mark Line For: Tag L1: Sit/Stand Workstation Tag L3: Group 2	584.50	584.50
63	1.00 Each	Humanscale Corp QS--B-C-30-F-N-N QUICKSTAND BASE OPTION: B:Black OPTION: C:Std Crossbar Monitor Mount (Dual Scrn) OPTION: 30:30" Large Platform OPTION: F:Freestanding Base OPTION: N:No Cables	609.50	609.50

# AOI

## Furniture Proposal

Quote Number	12249
Project Number	
Date	09/17/2019
Customer PO Number	
Customer Account	CITLIN
Account Manager	Ryan Aerni
Page	12 of 14

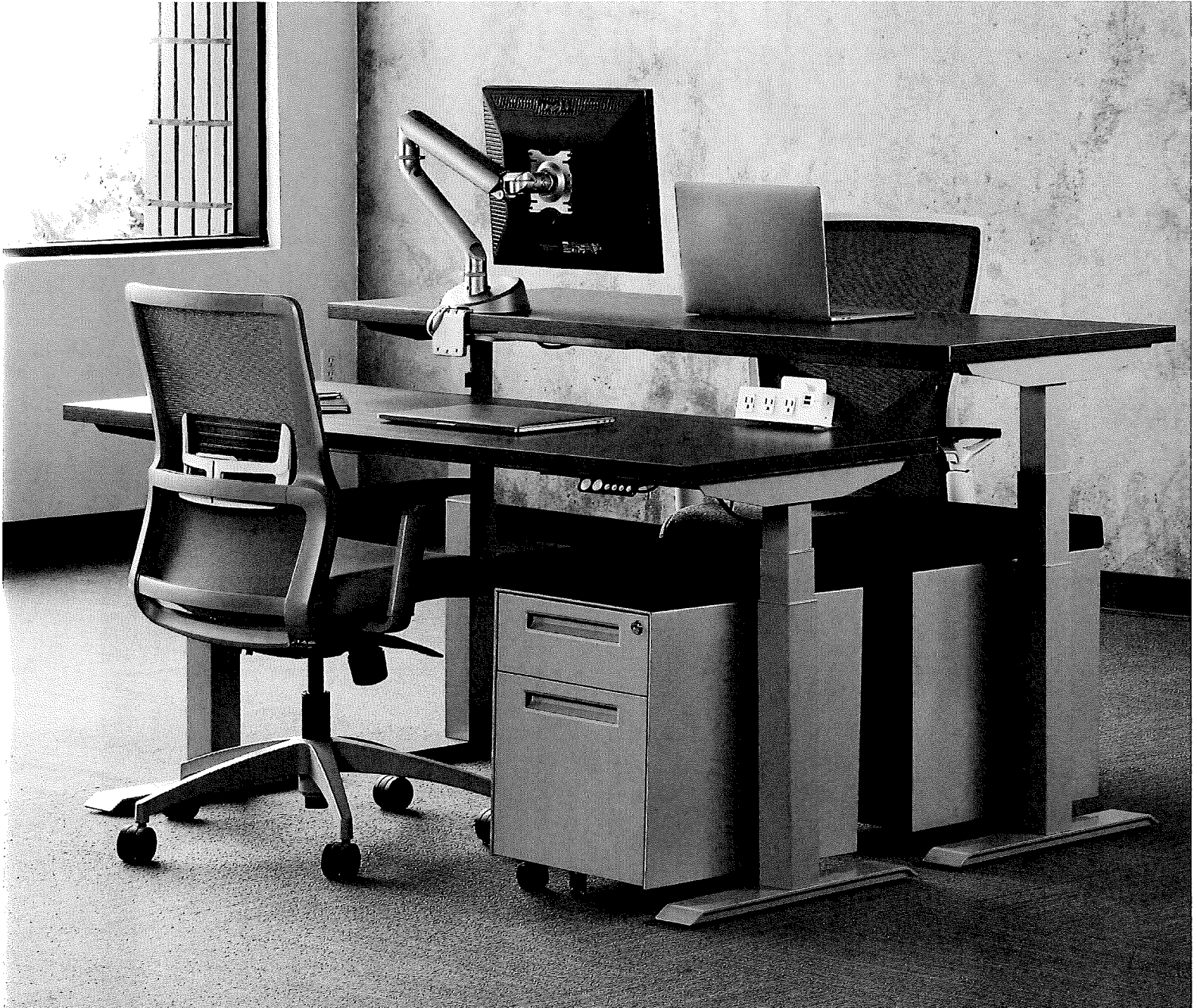
		OPTION: N:No Cables Mark Line For: Tag L1: Sit/Stand Workstation Tag L3: Group 2		
64	1.00 Each	Humanscale Corp QS--B-W-30-F-N-N QUICKSTAND BASE OPTION: B:Black OPTION: W:Wide Crossbar Monitor Mount (Dual Scrn) OPTION: 30:30" Large Platform OPTION: F:Freestanding Base OPTION: N:No Cables OPTION: N:No Cables Mark Line For: Tag L1: Sit/Stand Workstation Tag L3: Group 2	619.50	619.50
65	1.00 Each	Humanscale Corp QSL--B-H-C QUICKSTAND LITE BASE OPTION: B:Black OPTION: H:Heavy Mount for 1 Monitor from 12-22 lbs OPTION: C:Clamp Mount Mark Line For: Tag L1: Sit/Stand Workstation Tag L3: Group 2	449.50	449.50
66	1.00 Each	Humanscale Corp QSL--B-W-C QUICKSTAND LITE BASE OPTION: B:Black OPTION: W:Wide Crossbar Mount for 2 Monitors up to 27"W OPTION: C:Clamp Mount Mark Line For: Tag L1: Sit/Stand Workstation Tag L3: Group 2	484.50	484.50
68	1.00 Each	Symmetry 3072.TBT8.TZ2472--BF01-HC01-- Voyager - 3 Leg - Main Base For 24" Deep x 72" Wide Rectangu OPTION: BF01:Silver OPTION: HC01:Standard Up / Down Controller OPTION: -:Mending Bracket Mark Line For: Symmetry 3 Leg Voyager Base Only	864.50	864.50
69	1.00 Each	Symmetry 3162.TBT7.TZ2460--BF01-LS18 Switchback - Base - For Top Size 24x60 OPTION: BF01:Silver OPTION: LS18:Fixed / Glides Mark Line For: Symmetry 2 Leg Switch Back Base Only	403.50	403.50

Order Sub-Total : \$45,103.83

**Total Order : \$45,103.83**



\$403<sup>50</sup>  
Plus instal



# SWITCHBACK

Height Adjustable Table



## Free to Move

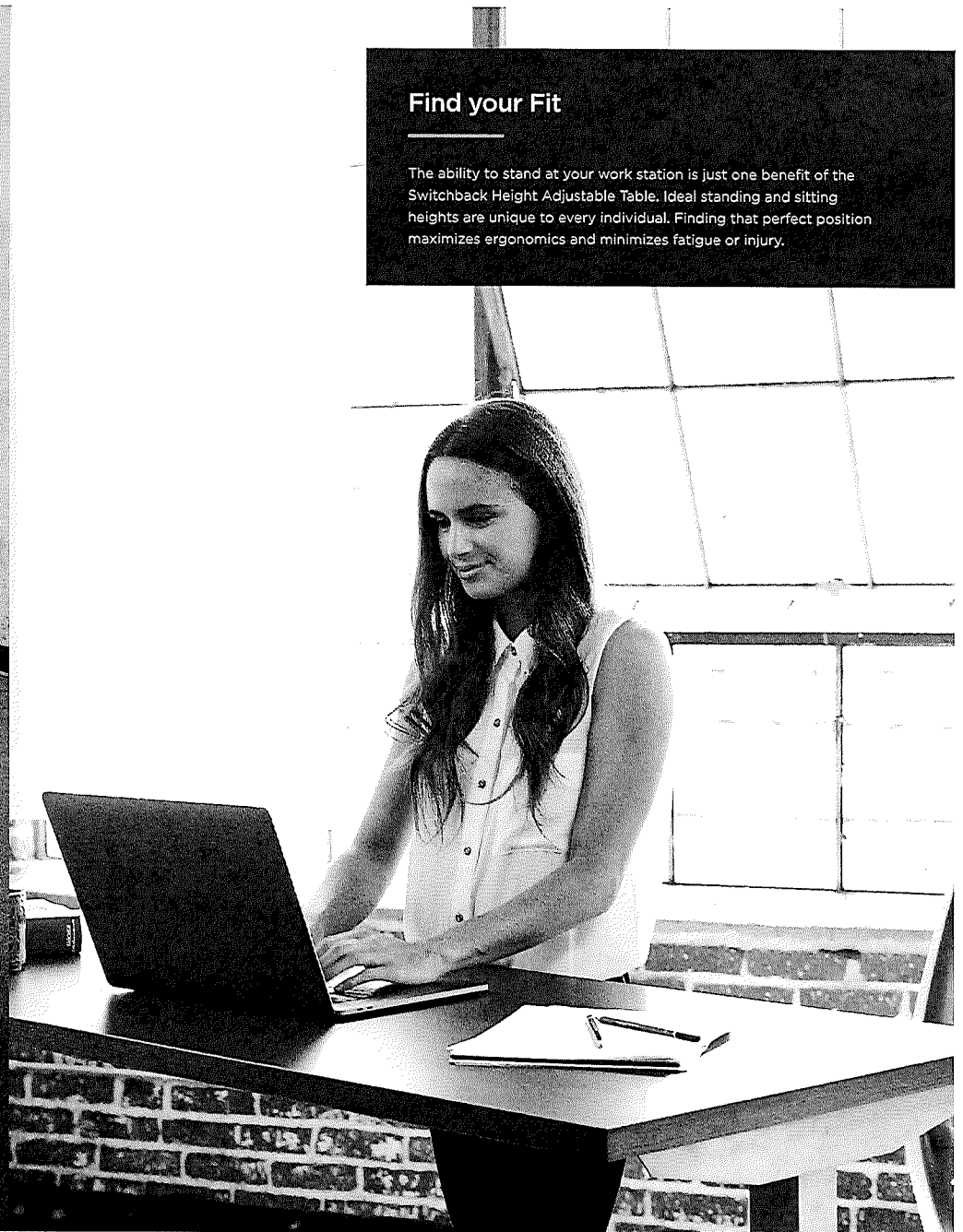
---

The Switchback Height Adjustable Table gives you the option to work the way you want, with tailored adjustability at the touch of a button. Find your ideal sitting desk height and standing desk height, then switch back and forth. Break the confines of a traditional desk, and experience the freedom of motion.

## Find your Fit

---

The ability to stand at your work station is just one benefit of the Switchback Height Adjustable Table. Ideal standing and sitting heights are unique to every individual. Finding that perfect position maximizes ergonomics and minimizes fatigue or injury.



## Designed to Deliver

The Switchback Height Adjustable Table was designed not just to adapt to you, but to transform your workday. Some tasks require you to sit and focus, whereas others are better to stand and collaborate. As the day and demands change, it's reassuring to have a workstation that can move with you. Switchback goes from a box to a functional table in 10 minutes or less.



### ADJUSTMENT RANGE

With a height range of 22.6" to 48.7" (including 1 1/8" top) anyone can find their ideal sitting and standing position.



### ANTI-COLLISION TECHNOLOGY

A patented sensor stops the raising or lowering movement of the table as it comes into contact with another object and slowly retracts.



### FAST AND FREE

Base ships in 2-3 days, bases ordered with a top ship in 5 days in quantities of 50 or less, and for larger orders call us for timing. Shipping is free on all orders with the exception of bases ordered with a top in quantities of three or less will incur a \$95 freight fee.



### LAMINATE OPTIONS

Twelve different durable laminate options are available to suit whatever style office you want to design.



### 250/300 LBS.

The two leg table can support 250 lbs. of weight and the three leg version can hold up to 300 lbs.

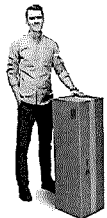


### METAL OPTIONS

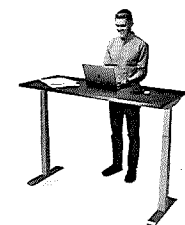
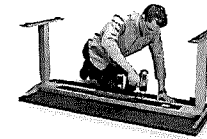
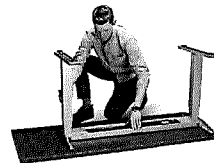
Three different durable powder coated metal finishes are available in Silver, Black and White.



## INSTANT



## INSTALL



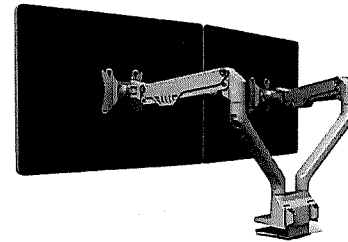


## Productivity in Motion

Motion is the catalyst to increasing mental alertness, and feeling better. The ability to make quick and easy adjustments is key to generating momentum throughout the workday. Set the four programmable height adjustment buttons to make moving as simple as pressing a button.

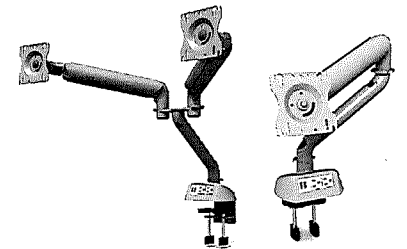
## Power up Performance

Symmetry offers all the accessories you need to outfit the ideal workstation. From storage to sound management we have a variety of options to consolidate your work footprint and dial in your space.



### Unity G2 (Single/Dual)

The Unity G2 swivel and dual monitor arm smoothly tilts, pans and rotates. Available in silver and white.



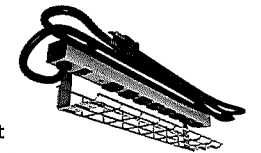
### King Cobra

King Cobra offers counter-balanced, adjustable monitor arms and includes a convenient tabletop power source.



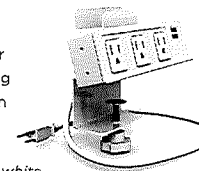
### Anti-Fatigue Mat

Reduce injuries while improving productivity and safety. Our mats help prevent the discomfort associated with standing at work.



### Power Basket

The Power Basket features an 8-outlet power strip and wire management basket.



### Current

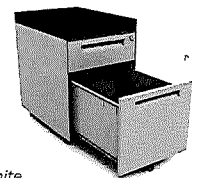
Current offers 3 power outlets, 2 USB charging ports, surge protection and a clamp mount.

Available in black and white.

### In-Stock Mobile Pedestal

A two-drawer mobile pedestal that provides extra file storage and drawer space.

Available in silver and white.



# Specifications

---

## 2 Leg Switchback

- 3 stage adjustability, Base height range: 22.6" to 48.7" (including 1 1/8" top)
- 4 position memory control
- Meets G1 ANSI BIFMA Certification
- ISP anti-collision protection
- 24" & 30" foot depth options
- Weight capacity: 2 powerful motors with 250 lbs. lifting capacity
- Speed: 1 1/2" per second
- Standby power consumption: <0.1 watts
- Usable top sizes: 24" - 36" depths x 42" - 84" widths
- Noise level approximately 39dB not including ambient noise
- Chicago Code Compliant (3 conductor type cord with grounded 3 prong molded case plug)

## Finish Options

- Black, white or silver

## Lead Time

- 2-3 days for base only orders
- 5 days for base with top 50 units or less, orders over 50 call for quote

## 3 Leg Switchback - Coming Soon!

- 3 stage adjustability, Base height range: 22.6" to 48.7" (including 1 1/8" top)
- 4 position memory control
- Meets G1 ANSI BIFMA Certification
- ISP anti-collision protection
- 24" & 30" foot depth options
- Weight capacity: 3 powerful motors with 300 lbs. lifting capacity
- Speed: 1 1/2" per second
- Standby power consumption: <0.1 watts
- Usable top sizes: 24" - 36" depths x 42" - 84" widths
- Noise level approximately 39dB not including ambient noise
- Chicago Code Compliant (3 conductor type cord with grounded 3 prong molded case plug)

## Warranty

- 7 years electrical
- Lifetime structural

## Freight Policy

- All orders ship for free\*



---

7818 Depot Lane, Tampa, FL 33637 | (888) 552-5699  
info@symmetryoffice.com | [symmetryoffice.com](https://www.symmetryoffice.com)

\*Any order containing surfaces must have a minimum quantity of 4 or order will incur a \$95.00 freight fee.

\$ 84.50  
+ installation



(888) 552-5699

info@symmetryoffice.com

## Voyager 3 Leg

---

### Description:

The Voyager 3 leg offers a sit to stand, height adjustable desk capable of integrating a keyboard tray and other accessories offered by Symmetry. Besides the easy assembly, the price/performance ratio is one of the strengths of the Voyager product.



### Specifications:

**Base height range:** 28.5" to 47.25" (including 1.125" top)

**Weight capacity:** 300 lbs lifting capacity (3 motors)

**Speed:** 1.125" per second

**Power consumption:** .3w

**Top sizes:** depths of 24" - 30" x lengths of 48" - 84"

### On our GSA Contract:

Yes

### Finish Options:

Silver, white, or black

### Warranty:

Lifetime structural (J channels, feet, and top supports)

7 years for electrical components (control boxes, hand switches, and motors)

### Freight Policy:

All orders ship for free\*

\*Any order containing surfaces must have a minimum quantity of 4 or order will incur a \$95.00 freight fee.

### Notes:

#### Power Draw on Tables:

For a 2 leg table, the maximum current under a fully loaded condition would be approximately 16A at 20V = 380W (3.2A at 120V). To raise a table with no load takes about 4A at 27V = 108W (0.9A at 120V). In standby mode the table uses approximately 0.3W. For a 3 leg table, the maximum current under a fully loaded



condition would be approximately 24A at 20V = 480W (4.0A at 120V). To raise a table with no load takes about 6A at 27V = 162W (1.3A at 120V). In standby mode the table still uses approximately 0.3W.

PRINT  
WINDOW »

CLOSE  
WINDOW »



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/2/2019

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).

<b>PRODUCER</b> The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 402-861-7000		<b>FAX (A/C. No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Charter Oak Fire Insurance Co.			25615
<b>INSURER B:</b> The Phoenix Insurance Co			25623
<b>INSURER C:</b> Travelers Indemnity Company of America			25666
<b>INSURER D:</b> Travelers Property Casualty of America			25674
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 487460319

REVISION NUMBER:

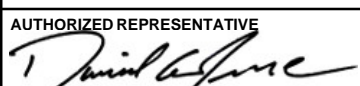
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> 2500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CO5355R886	8/6/2019	8/6/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> 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			8103060618	8/6/2019	8/6/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CUP8N553070	8/6/2019	8/6/2020	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB8K467132	8/6/2019	8/6/2020	<input checked="" type="checkbox"/> PER STATUTE <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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

City of Lincoln &/or Lancaster County &/or City of Lincoln/Lancaster County Public Building Commission are additional insured for general liability, including products and completed operations, and auto liability if required by written contract executed prior to loss. The general liability, auto, and workers' compensation policies have been endorsed to provide 30 days notice of cancellation, except for cancellation for nonpayment of premium, in which case 10 days notice of cancellation will be provided. Waiver of Subrogation applies for workers compensation if required by written contract executed prior to loss.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lincoln &/or Lancaster County &/or City of Lincoln/Lancaster County Public Building Commission 555 South 10th Street 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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# CONTRACTORS XTEND ENDORSEMENT

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

**GENERAL DESCRIPTION OF COVERAGE** – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to this Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- A. Aircraft Chartered With Pilot
- B. Damage To Premises Rented To You
- C. Increased Supplementary Payments
- D. Incidental Medical Malpractice
- E. Who Is An Insured – Newly Acquired Or Formed Organizations
- F. Who Is An Insured – Broadened Named Insured – Unnamed Subsidiaries
- G. Blanket Additional Insured – Owners, Managers Or Lessors Of Premises
- H. Blanket Additional Insured – Lessors Of Leased Equipment
- I. Blanket Additional Insured – States Or Political Subdivisions – Permits
- J. Knowledge And Notice Of Occurrence Or Offense
- K. Unintentional Omission
- L. Blanket Waiver Of Subrogation
- M. Amended Bodily Injury Definition
- N. Contractual Liability – Railroads

## PROVISIONS

### A. AIRCRAFT CHARTERED WITH PILOT

The following is added to Exclusion **g.**, **Aircraft, Auto Or Watercraft**, in Paragraph 2. of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

This exclusion does not apply to an aircraft that is:

- (a) Chartered with a pilot to any insured;
- (b) Not owned by any insured; and
- (c) Not being used to carry any person or property for a charge.

### B. DAMAGE TO PREMISES RENTED TO YOU

1. The first paragraph of the exceptions in Exclusion **j.**, **Damage To Property**, in Paragraph 2. of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is deleted.
2. The following replaces the last paragraph of Paragraph 2., **Exclusions**, of **SECTION I – COVERAGES – COVERAGE A. BODILY**

## INJURY AND PROPERTY DAMAGE LIABILITY:

Exclusions **c.** and **g.** through **n.** do not apply to "premises damage". Exclusion **f.(1)(a)** does not apply to "premises damage" caused by:

- a. Fire;
- b. Explosion;
- c. Lightning;
- d. Smoke resulting from such fire, explosion, or lightning; or
- e. Water;

unless Exclusion **f.** of Section I – Coverage A – Bodily Injury And Property Damage Liability is replaced by another endorsement to this Coverage Part that has Exclusion – All Pollution Injury Or Damage or Total Pollution Exclusion in its title.

A separate limit of insurance applies to "premises damage" as described in Paragraph 6. of **SECTION III – LIMITS OF INSURANCE**.



## COMMERCIAL GENERAL LIABILITY

3. The following replaces Paragraph 6. of **SECTION III – LIMITS OF INSURANCE**:

Subject to 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "premises damage" to any one premises. The Damage To Premises Rented To You Limit will apply to all "property damage" proximately caused by the same "occurrence", whether such damage results from: fire; explosion; lightning; smoke resulting from such fire, explosion, or lightning; or water; or any combination of any of these causes.

The Damage To Premises Rented To You Limit will be:

- a. The amount shown for the Damage To Premises Rented To You Limit on the Declarations of this Coverage Part; or
- b. \$300,000 if no amount is shown for the Damage To Premises Rented To You Limit on the Declarations of this Coverage Part.

4. The following replaces Paragraph a. of the definition of "insured contract" in the **DEFINITIONS** Section:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for "premises damage" is not an "insured contract";

5. The following is added to the **DEFINITIONS** Section:

"Premises damage" means "property damage" to:

- a. Any premises while rented to you or temporarily occupied by you with permission of the owner; or
- b. The contents of any premises while such premises is rented to you, if you rent such premises for a period of seven or fewer consecutive days.

6. The following replaces Paragraph 4.b.(1)(b) of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

- (b) That is insurance for "premises damage"; or

7. Paragraph 4.b.(1)(c) of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted.

## C. INCREASED SUPPLEMENTARY PAYMENTS

1. The following replaces Paragraph 1.b. of **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** of **SECTION I – COVERAGE**:

- b. Up to \$2,500 for the cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

2. The following replaces Paragraph 1.d. of **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** of **SECTION I – COVERAGES**:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.

## D. INCIDENTAL MEDICAL MALPRACTICE

1. The following is added to the definition of "occurrence" in the **DEFINITIONS** Section:

"Occurrence" also means an act or omission committed in providing or failing to provide "incidental medical services", first aid or "Good Samaritan services" to a person.

2. The following is added to Paragraph 2.a.(1) of **SECTION II – WHO IS AN INSURED**:

Paragraph (1)(d) above does not apply to "bodily injury" arising out of providing or failing to provide:

- (i) "Incidental medical services" by any of your "employees" who is a nurse practitioner, registered nurse, licensed practical nurse, nurse assistant, emergency medical technician or paramedic; or
- (ii) First aid or "Good Samaritan services" by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor. Any such "employees" or "volunteer workers" providing or failing to provide first aid or "Good Samaritan services" during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

3. The following is added to Paragraph 5. of **SECTION III – LIMITS OF INSURANCE:**

For the purposes of determining the applicable Each Occurrence Limit, all related acts or omissions committed in providing or failing to provide "incidental medical services", first aid or "Good Samaritan services" to any one person will be deemed to be one "occurrence".

4. The following exclusion is added to Paragraph 2., **Exclusions**, of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY:**

**Sale Of Pharmaceuticals**

"Bodily injury" or "property damage" arising out of the willful violation of a penal statute or ordinance relating to the sale of pharmaceuticals committed by, or with the knowledge or consent of, the insured.

5. The following is added to the **DEFINITIONS** Section:

"Incidental medical services" means:

- a. Medical, surgical, dental, laboratory, x-ray or nursing service or treatment, advice or instruction, or the related furnishing of food or beverages; or
- b. The furnishing or dispensing of drugs or medical, dental, or surgical supplies or appliances.

"Good Samaritan services" means any emergency medical services for which no compensation is demanded or received.

6. The following is added to Paragraph 4.b., **Excess Insurance**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

The insurance is excess over any valid and collectible other insurance available to the insured, whether primary, excess, contingent or on any other basis, that is available to any of your "employees" or "volunteer workers" for "bodily injury" that arises out of providing or failing to provide "incidental medical services", first aid or "Good Samaritan services" to any person to the extent not subject to Paragraph 2.a.(1) of Section II – Who Is An Insured.

**E. WHO IS AN INSURED – NEWLY ACQUIRED OR FORMED ORGANIZATIONS**

The following replaces Paragraph 4. of **SECTION II – WHO IS AN INSURED:**

4. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, of which you are the sole owner or in which you maintain the majority ownership interest, will qualify as a Named Insured if there is no other insurance which provides similar coverage to that organization. However:

a. Coverage under this provision is afforded only:

(1) Until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier, if you do not report such organization in writing to us within 180 days after you acquire or form it; or

(2) Until the end of the policy period, when that date is later than 180 days after you acquire or form such organization, if you report such organization in writing to us within 180 days after you acquire or form it, and we agree in writing that it will continue to be a Named Insured until the end of the policy period;

b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

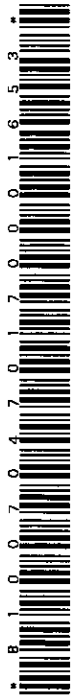
c. Coverage B does not apply to "personal injury" or "advertising injury" arising out of an offense committed before you acquired or formed the organization.

**F. WHO IS AN INSURED – BROADENED NAMED INSURED – UNNAMED SUBSIDIARIES**

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

Any of your subsidiaries, other than a partnership, joint venture or limited liability company, that is not shown as a Named Insured in the Declarations is a Named Insured if you maintain an ownership interest of more than 50% in such subsidiary on the first day of the policy period.

No such subsidiary is an insured for "bodily injury" or "property damage" that occurred, or "personal injury" or "advertising injury" caused by an offense committed after the date, if any, during the policy period, that you no longer maintain an ownership interest of more than 50% in such subsidiary.



**G. BLANKET ADDITIONAL INSURED – OWNERS, MANAGERS OR LESSORS OF PREMISES**

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

Any person or organization that is a premises owner, manager or lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" that occurs, or is "personal injury" or "advertising injury" caused by an offense that is committed, subsequent to the execution of that contract or agreement; and
- b. Arises out of the ownership, maintenance or use of that part of any premises leased to you.

The insurance provided to such premises owner, manager or lessor is subject to the following provisions:

- a. The limits of insurance provided to such premises owner, manager or lessor will be the minimum limits which you agreed to provide in the written contract or agreement, or the limits shown on the Declarations, whichever are less.
- b. The insurance provided to such premises owner, manager or lessor does not apply to:
  - (1) Any "bodily injury" or "property damage" that occurs, or "personal injury" or "advertising injury" caused by an offense that is committed, after you cease to be a tenant in that premises; or
  - (2) Structural alterations, new construction or demolition operations performed by or on behalf of such premises owner, lessor or manager.
- c. The insurance provided to such premises owner, manager or lessor is excess over any valid and collectible other insurance available to such premises owner, manager or lessor, whether primary, excess, contingent or on any other basis, unless you have agreed in the written contract or agreement that this insurance must be primary to, or non-contributory with, such other insurance, in which case this insurance will be primary to, and non-contributory with, such other insurance.

**H. BLANKET ADDITIONAL INSURED – LESSORS OF LEASED EQUIPMENT**

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

Any person or organization that is an equipment lessor and that you have agreed in a written contract or agreement to include as an insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" that occurs, or is "personal injury" or "advertising injury" caused by an offense that is committed, subsequent to the execution of that contract or agreement; and
- b. Is caused, in whole or in part, by your acts or omissions in the maintenance, operation or use of equipment leased to you by such equipment lessor.

The insurance provided to such equipment lessor is subject to the following provisions:

- a. The limits of insurance provided to such equipment lessor will be the minimum limits which you agreed to provide in the written contract or agreement, or the limits shown on the Declarations, whichever are less.
- b. The insurance provided to such equipment lessor does not apply to any "bodily injury" or "property damage" that occurs, or "personal injury" or "advertising injury" caused by an offense that is committed, after the equipment lease expires.
- c. The insurance provided to such equipment lessor is excess over any valid and collectible other insurance available to such equipment lessor, whether primary, excess, contingent or on any other basis, unless you have agreed in the written contract or agreement that this insurance must be primary to, or non-contributory with, such other insurance, in which case this insurance will be primary to, and non-contributory with, such other insurance.

**I. BLANKET ADDITIONAL INSURED – STATES OR POLITICAL SUBDIVISIONS – PERMITS**

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

Any state or political subdivision that has issued a permit in connection with operations performed by you or on your behalf and that you are required

by any ordinance, law or building code to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of such operations.

The insurance provided to such state or political subdivision does not apply to:

- a. Any "bodily injury," "property damage," "personal injury" or "advertising injury" arising out of operations performed for that state or political subdivision; or
- b. Any "bodily injury" or "property damage" included in the "products-completed operations hazard".

**J. KNOWLEDGE AND NOTICE OF OCCURRENCE OR OFFENSE**

The following is added to Paragraph 2., **Duties In The Event of Occurrence, Offense, Claim or Suit**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

e. The following provisions apply to Paragraph a. above, but only for the purposes of the insurance provided under this Coverage Part to you or any insured listed in Paragraph 1. or 2. of Section II – Who Is An Insured:

(1) Notice to us of such "occurrence" or offense must be given as soon as practicable only after the "occurrence" or offense is known by you (if you are an individual), any of your partners or members who is an individual (if you are a partnership or joint venture), any of your managers who is an individual (if you are a limited liability company), any of your "executive officers" or directors (if you are an organization other than a partnership, joint venture or limited liability company) or any "employee" authorized by you to give notice of an "occurrence" or offense.

(2) If you are a partnership, joint venture or limited liability company, and none of your partners, joint venture members or managers are individuals, notice to us of such "occurrence" or offense must be given as soon as practicable only after the "occurrence" or offense is known by:

- (a) Any individual who is:
  - (i) A partner or member of any partnership or joint venture;

- (ii) A manager of any limited liability company; or

- (iii) An executive officer or director of any other organization;

that is your partner, joint venture member or manager; or

- (b) Any "employee" authorized by such partnership, joint venture, limited liability company or other organization to give notice of an "occurrence" or offense.

(3) Notice to us of such "occurrence" or of an offense will be deemed to be given as soon as practicable if it is given in good faith as soon as practicable to your workers' compensation insurer. This applies only if you subsequently give notice to us of the "occurrence" or offense as soon as practicable after any of the persons described in Paragraphs e. (1) or (2) above discovers that the "occurrence" or offense may result in sums to which the insurance provided under this Coverage Part may apply.

However, if this Coverage Part includes an endorsement that provides limited coverage for "bodily injury" or "property damage" or pollution costs arising out of a discharge, release or escape of "pollutants" which contains a requirement that the discharge, release or escape of "pollutants" must be reported to us within a specific number of days after its abrupt commencement, this Paragraph e. does not affect that requirement.

**K. UNINTENTIONAL OMISSION**

The following is added to Paragraph 6., **Representations**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

The unintentional omission of, or unintentional error in, any information provided by you which we relied upon in issuing this policy will not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or to exercise our rights of cancellation or nonrenewal in accordance with applicable insurance laws or regulations.

**L. BLANKET WAIVER OF SUBROGATION**

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



## COMMERCIAL GENERAL LIABILITY

If the insured has agreed in a contract or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

- a. "Bodily injury" or "property damage" that occurs; or
- b. "Personal injury" or "advertising injury" caused by an offense that is committed;

subsequent to the execution of that contract or agreement.

### M. AMENDED BODILY INJURY DEFINITION

The following replaces the definition of "bodily injury" in the **DEFINITIONS** Section:

3. "Bodily injury" means bodily injury, mental anguish, mental injury, shock, fright, disability, humiliation, sickness or disease sustained by a person, including death resulting from any of these at any time.

### N. CONTRACTUAL LIABILITY – RAILROADS

1. The following replaces Paragraph c. of the definition of "insured contract" in the **DEFINITIONS** Section:
  - c. Any easement or license agreement;
2. Paragraph f.(1) of the definition of "insured contract" in the **DEFINITIONS** Section is deleted.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

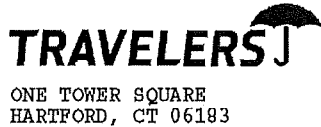
### **PROVISIONS**

1. The following is added to Paragraph **A.1.c., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the **Who Is An Insured** provision contained in **SECTION II**.

2. The following is added to Paragraph **B.5., Other Insurance** of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph **a.** and paragraph **d.** of this part **5. Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 03 13 (00) -01**

POLICY NUMBER: UB8K467132

**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 any one not named in the Schedule.

**SCHEDULE**

**DESIGNATED PERSON:**

**DESIGNATED ORGANIZATION:**

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS  
AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO  
FURNISH THIS WAIVER.

ST ASSIGN: