AMENDMENT TO CONTRACT Annual Service Weed Abatement-Mowing for the County Weed Authority Bid No. 19-123 Lancaster County Expenditure Increase and Change to Combined Expenditure Mr. Yards and More, LLC

This Amendment is hereby entered into by and between Mr. Yards and More, LLC, 8729 Remi Drive, Lincoln, NE 68526 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated June 11, 2019, executed under County Contract 19-0443 (hereinafter "Contract"), for Annual Service – Weed Abatement – Mowing for the County Weed Authority, Bid No. 19-123 (hereinafter "Bid 19-123"), which is made a part hereof by this reference.

WHEREAS, "Contracted Vendor(s)" shall mean all vendors who contract or who have contracted with the County pursuant to Bid No. 19-123; and

WHEREAS, "Contracts" shall mean the collective contracts entered into between the County and the Contracted Vendors pursuant to Bid No. 19-123; and

WHEREAS, the Contracts provided for a \$10,000 expenditure per Contracted Vendor; and

WHEREAS, the parties hereby amend the Contract to combine the total expenditures with the other Contracts pursuant to Bid No. 19-123; and

WHEREAS, the parties hereby amend the Contract to increase the combined total expenditure \$20,000.00 for the remainder of the current term; and

WHEREAS, the combined total expenditure to be spent by the County among the Contracted Vendors shall not exceed \$30,000.00 in total for the remainder of the contract term; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract 19-0443, and stated herein the parties agree as follows:

- 1) The parties hereby amend the Contract to combine the total expenditures with the other Contracts pursuant to Bid No. 19-123.
- 2) The parties hereby amend the Contract to increase the combined total expenditure \$20,000.00 for the remainder of the current term.
- 3) The combined total expenditure to be spent by the County among the Contracted Vendors shall not exceed \$30,000.00 in total for the remainder of the contract term.
- 4) 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

Vendor Signature Page Lancaster County Signature Page

on:

Vendor Signature Page

AMENDMENT TO CONTRACT Annual Service Weed Abatement-Mowing for the County Weed Authority Bid No. 19-123 Lancaster County Expenditure Increase and Change to Combined Expenditure Mr. Yards and More, LLC

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

Mail to: City/County Purchasing Attn: Sandy Rocke 440 So. 8th St., Suite 200 Lincoln, NE 68508 Or email to: srocke@lincoln.ne.gov

Company Name:	MR YARDS AND MORE LLC
By: (Please Sign)	Jos
By: (Please Print)	Dennis Stephens
Title:	Owner
Company Address:	8729 Remi Dr, Lincoln, NE 68526
Company Phone & Fax:	402-217-3160
E-Mail Address:	dstephens75@gmail.com
Date:	10/7/19
Contact Person for Orders or Service:	Type text here Dennis Stephens 402-217-3160 Erik Wintermute 402-326-6768
Contact Phone Number:	

C-19-0781

Lancaster County Signature Page

AMENDMENT TO CONTRACT Annual Service Weed Abatement-Mowing for the County Weed Authority Bid No. 19-123 Lancaster County Expenditure Increase and Change to Combined Expenditure Mr. Yards and More, LLC

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

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									MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GE	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000 2,000,000
	<u> </u>	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
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		AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$\$	
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CE	RTÍ	ICATE HOLDER				CAN	CELLATION				
		City of Lincoln and/or Lancaster County				THE	E EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		
		Public Building Commiss 555 S. 10th St	slon			AUTHO	RIZED REPRESE	ENTATIVE			
		Lincoln, NE 68508				DA	unt L Kithay				
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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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
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	V

Information required to complete this Schedule, if not shown above, will be shown on the Declarations.

- 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 your liability for "bodily injury", "property damage" or "personal and advertising injury" which may be imputed to that person(s) or organization(s) directly arising out of;
 - 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:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. 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.

A person's or organization's status as an insured under this endorsement ends when your operations for that insured at that location are completed.

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.

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Page 1 of 1

01-27-2019

POLICY NUMBER: 60489204

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Premium Schedule of Additional Insureds OWNERS. LESSEES OR CONTRACTORS SCHEDULED PERSON 50 (TCG7085) -NEBRASKA Owners, Lessees or Contractors Location of Covered Operation CITY OF LINCOLN &/OR LANCASTER 555 S 10TH ST COUNTY, PUBLIC BLDG COMMISSION LINCOLN NE 68508 CG 71 54 01 07

01-27-2019

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations. Other Forms Applicable to the state of Nebraska COMM GENERAL LIAB COVG FORM CG0001(04-13) EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL CG2106(05-14) EMPLOYMENT-RELATED PRACTICES EXCL CG2147(12-07) AMENDMENT OF LIQUOR LIAB EXCLUSION CG2150(04-13)TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION CG2155-(09-99) FUNGI/BACTERIA EXCL CG2167(12-04)CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM CG2170(01-15)CONDITIONAL EXCL OF TERRORISM CG2187(01-15)SILICA/SILICA-RELATED DUST EXCL CG2196 (03-05) COMMERCIAL GENERAL LIABILITY COVERAGE PART *CG7001(02-05) COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS *CG7.004(02-05) ADDL INSURED-OWNER/LESSEE/CONTRACTOR-SCHEDULED (CG7085()02-15)ULTRA LIAB PLUS END CG7103(07-17)PROPERTY DAMAGE DEDUCTIBLE LIABILITY INSURANCE CG7125 (02-12) COMM GENERAL LIAB SUPPLEMENTAL DECS-ADDL INSUREDS *CG7154(01-07) ABUSE/MOLESTATION EXCL CG7155(01-07) NUCLEAR ENERGY LIAB EXCL END IL-0021 (07-02) IL0017(11-98) COMMON POLICY CONDITIONS NE-CHGS CANCEL & NONRENEW *IL0259(12-17) AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL IL7009-(04-91) EXCL-LEAD-HAZARDOUS PROPERTIES IL7068(01-10) EXCL-UNDERGROUND STORAGE TANKS IL7069(01-10) ABSOLUTE ASBESTOS EXCL IL7070(09-12) INTERNET SECURITY & PRIVACY INS END IL7095(01-14) PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO 1L7105(10-14)POLICY WEBSITE STUFFER *ST1644-(01-12) IMPORTANT NOTICE-INTERNET SECURITY & PRIVACY *ST1813(10-15) NOTICE-LOCATION & PREMISES CLARIFICATION *ST1882(06~16)

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61-	0305	
ADDISON INSURANCE COMPANY		
PO Box 73909, Cedar Rapids, IA 52407	POLICY NUMBER: 60489204	
ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL GEN	ERAL LIABILITY	
9-AGENCY BILL - COMMERCIAL SE ISSUE DATE 12-30-2018 JHO REPLACEMENT OF 0305 60489204	DECLARATIONS RENEWAL EXTENSION	
NAMED NR YARDS AND MORE LLC	AGENCY & CODE 050063	
INSURED	MCCASHLAND-KIRBY INS AGCY	
AND	8231 NORTHWOODS DR STE A	1
ADDRESS 8729 REMI DR	60FA	_
LINCOLN NE 68526-1028	LINCOLN NE 6850	<u> </u>
POLICY 12:01 A.M. Standard time FROM: 01-27-2019 TO: PERIOD: at your malling address shown above.	And for successive policy periods as stated below.	
the second	noo with all applicable policy provisions. If we elect to continue	this
We will provide the insurance described in this policy in return for the premium and compliant insurance, we will renew this policy if you pay the required renewal premium for each successive You must pay us prior to the end of the current policy period or else this policy will terminate a funds check is not considered payment.		
LIMITS OF INSURANCE		
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ 2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000 \$ 1,000,000	
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000	
EACH OCCURRENCE LIMIT	\$ 100,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 5,000	
MEDICAL EXPENSE LIMIT (Any one person)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not ap	ply to "bodily injury" or "property damage" which	
NONE occurs before the Retroactive Date, if any, shown here, te	hter date or "None" If no Reiroactive Date applies	
BUSINESS DESCRIPTION LAWN SERVICE	Corporation X Other LL COMPANY	
FORM OF BUSINESS:Individual Joint Venture Partnership		
	Potoo Advance Premiums	
Classifications and Locations of All Codes Premium E	Rates Advance Premiums Basis Pr/CO All Other Pr/CO All Other	
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Premises You Own, Rent or Occupy Coues Premium	i tutos	
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01-27-2019

POLICY NUMBER: 60489204

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates Pr/CO All Other	Advance Premiums Pr/CO All Other
INTERNET SECURITY & PRIVACY See UW1792 for Coverage	Information			86
Certified Acts of Terrorism	Coverage			18
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CG 70 04 02 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED OR INTEREST ENDORSEMENT- PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM

Under Section II LIABILITY COVERAGE, WHO IS AN INSURED is changed to include as an "insured" the person or organization named below. This additional insured endorsement only applies when the person or organization shown below is held liable for the conduct of the "Insured" and then only to the extent of that liability.

Interest:

For any covered "auto" you own this Coverage Form provides primary coverage.

This endorsement does not extend or alter any other condition or limit under this policy.

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Supplemental Declarations as applicable to the endorsement.)

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Page 1 of 1

01-27-2019

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations. Other Forms Applicable to the state of Nebraska BUSINESS AUTO COVG FORM CA0001 (10-13) CA0156 (10-13) NE-CHGS NE-CHGS-CANCEL CA0221(12-17)PRIMARY & NONCONTRIBUTORY OTHER INSURANCE CA0449(11-16)NE-UM & UIM COVG CA2170(10-13)PUBLIC/LIVERY PASSENGER CONVEYANCE & ON DEMAND DEL CA2345(11-16)SILICA/SILICA-RELATED DUST EXCL FOR COVERED AUTOS CA2394(10-13)COMM AUTO COVG PART *CA7041 (03-93) COMM AUTO COVG PART VEHICLE CHG SUMMARY *CA7075(04-15) CA ADDITIONAL INSURED SUPPLEMENTAL DEC *CA7116(01-07) ADDL INSURED/INTEREST END CA7130(05-10) NE-AUTO MED PAYMENTS COVG CA9935(11-13) LOSS PAYABLE CLAUSE CA9944 (10-13) NUCLEAR ENERGY LIAB EXCL IL-0021(07-02) COMMON POLICY CONDITIONS IL0017(11-98) AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL 1L7009 - (04 - 91)EXCL-LEAD-HAZARDOUS PROPERTIES IL7068(01-10) EXCL-UNDERGROUND STORAGE TANKS IL7069(01-10) ABSOLUTE ASBESTOS EXCL IL7070(09-12) PAYMENT OF LOSSES IL7083(08-10) END FOR MOTOR CARRIER POLICIES OF INSURANCE MCS90(04-14)COMM AUTO COVG PART BUSINESS AUTO COVG FORM *ST1017BAP(12-91) NE-NOTICE UM/UIM COVG ST1166CA (06-16) POLICY WEBSITE STUFFER ST1644-(01-12) NOTICE-LOCATION & PREMISES CLARIFICATION ST1882(06-16) ADVISORY NOTICE TO POLICYHOLDERS ST1915(11-16) FORMS SUPPLEMENTAL DECS *UW7002(04-96)

PO BOX 73909, Cedar Rapids, IA 52407 POLCY NUMBER: 50499204 ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL AUTO COMMERCIAL AUTO COVERAGE PART OC-22-2019 TS9 HERAGRAMENT OF 0305 60489204 NAMED AR YARDS AND NORE LLC NAMED AR YARDS AND NORE LLC AGENCY & SOCE 050063 ACCASHLAND-KIRBY INS AGCY B231 NORTHHODS DR STE A ADORESS 6729 REMI DR LINCOLN NE 68525-1028 COMPAGE 68525-1028 LINCOLN NE 68525-1028 LINCOLN NE 68525-1028 COMPAGE 68525-1028 COMPAGE 68525-1028 COMPAGE 68525-1028 COMPAGE 68525-1028 COMPAGE 68525-1008 C				0305	5	
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POLICY NUMBER: 60489204

SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Schedule of Additional Insureds	Premium
ADDITIONAL INSURED OR INTEREST ENDORSEMENT CA7130 -NEBRASKA Name of Insured GATEWAY ONE LENDING & FINANCE 07 JEEP #422850 PO BOX 1013 ATWOOD CA 92811	200
GATEWAY ONE LENDING & FINANCE 14 CHRYSLER #209582 PO BOX 1013 ATWOOD CA 92811	
CITY OF LINCOLN LANCASTER COUNTY 555 S 10TH ST LINCOLN NE 68508	
CITY OF LINCOLN LANCASTER COUNTY PUBLIC BUILDING COMMISSION 555 S 10TH ST LINCOLN NE 68508	
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CA 71 16 01 07

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(4-8	4)			

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

of the

This endorsement, effective on

at 12:01 A.M. standard time, forms a part of (DATE)

Policy No.

(NAME OF INSURANCE COMPANY)

issued to

ī

Premium \$

Authorized Representative

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

ADDISON INSURANCE COMPANY PO Box 73909, Cedar Rapids, IA 52407

0305

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

POLICY NUMBER; 60489204 ACCOUNT NUMBER: 3000310226 (2) WORKERS COMPENSATION WORKERS COMPENSATION COVERAGE PART 9-AGENCY BILL -DEOLARATIONS RENEWAL EXTENSION ISSUE DATE 12-30-2018 JHO REPLACEMENT OF 0305 60489204 AGENCY & CODE 050063 1.NAMED MR YARDS AND MORE LLC MCCASHLAND-KIRBY INS AGCY INSURED 8231 NORTHWOODS DR STE A AND ADDRESS 8729 REMI DR NE 68526-1028 LINCOLN NE 68505 LINCOLN FROM: 01-27-2019 TO: 01-27-2020 POLICY 2. PERIOD: 12:01 A.M. Standard time And for successive policy periods as stated below. We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this polloy if you pay the required renewal premium for each successive polloyperiod, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the ourrent policy period or elsethis policy will terminate after any statutorily required notices are malled to you. An insufficient funds check is not considered payment. INFORMATION PAGE FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 27-2353895 INTRASTATE RISK IDENTIFICATION NUMBER: 26-0372300 THE INSURED IS A LIMITED LIABILITY COMPANY 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE: NEBRASKA 3B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE: BODILY INJURY BY ACCIDENT \$ 500,000 EACH ACCIDENT BODILY INJURY BY DISEASE \$ 500,000 POLICY LIMIT 500,000 EACH EMPLOYEE BODILY INJURY BY DISEASE \$ 3C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO ALL STATES EXCEPT ARIZONA, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OHIO, RHODE ISLAND, VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WYOMING, AND STATES DESIGNATED IN ITEM 3A, AND PUERTO RICO. CONTINUED ON WC-28 **Premium Charge Forms** Advance Premium Advance Premium 3D. Premium Charge Forms SEE UW7002 3D. Other Forms SEE UW7002 AMEND REASON: PREMIUM FOR THIS COVERAGE PART \$4,844 Endorsement Adjustment Premium This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. Х

WC-2 (05-95)

		0305	01-27-2	019		
	POLICY NUN	BER: 60	489204			
WORKERS COMPENSATION AND EMPLOYERS LIABILITY SUPPLEMENTAL DECLARATIONS						
	4	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium		
CONTINUED 4. THE PREMIUM FOR THIS POLICY WILL BE DI CLASSIFICATIONS, RATES AND RATING PLAN IS SUBJECT TO VERIFICATION AND CHANGE	NS. ALL INFO	OUR NANUALS RMATION REQU	OF RULES IRED BELC	e, DW		
Form WC000313 applies to: CITY OF LINCOLN &/OR LANCASTER COUNTY						
NE LOC# 01 9520 N 1ST ST LINCOLN, NE 68531-8923						
0042 LAWN MAINTENANCE-COMMERCIAL OR & DRIVERS	DOMESTIC	53,281	8.800	4,689		
NE LOC# 01 DEPT# 01 CITY OF LINCOLN &/OR 9520 N 1ST ST LINCOLN, NE 68531-8923	LANCASTER	V				
0042 LAWN MAINTENANCE-COMMERCIAL OR	DOMESTIC	IF ANY	8.800	0		
& DRIVERS 0930 ADDITIONAL PREMIUN- WAIVER OF S	UBROGATION			100		
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NE - 9848 BALANCE TO MIN PREM-EMP LIAB IN	CR LIM	·.		37		
NE - 9898 EXPERIENCE MODIFICATION			.960	-195		
NE - 9740 TERRORISM			.010	5		
NE - 9741 CATASTROPHE OTHER THAN TERRORIS	M		.018	10		
NE - 0900 EXPENSE CONSTANT				160		
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WC-28 (01 95)

01-27-2019

POLICY NUMBER:

60489204

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations. Other Forms Applicable to the state of Nebraska ST1025WC(04-92) WORK COMP & EMPLOYERS LIAB INSURANCE POLICY A FEW MINUTES NOW CAN SAVE YOU MONEY *ST1034WC(05-07) POLICY WEBSITE STUFFER *ST1644(01-12) WORK COMP-PREMIUM CREDIT APPLICATION *UW1590(05-17) WORK COMP & EMPLOYERS LIAB INS POLICY WC000000C(01-15) WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS END WC000313 ()4-84) NOTIFICATION OF CHG IN OWNERSHIP END *WC000414(07-90) PREMIUM DUE DATE END WC000419(01-01)CATASTROPHE (OTHER THAN TERRORISM) PREMIUM END WC000421D(01-15) TERRORISM RISK INS PROGRAM REAUTHORIZATION ACT WC000422B(01-15) AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT WC000424(01-17) EXPERIENCE RATING MOD FACTOR REVISION END *WC000425(05-17) WORK COMP DEC *WC2(05-95) WORK COMP SUPPLEMENTAL DEC *WC2S(01-95) NE-CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT WC260402(01-95) NE-EXPERIENCE RATING MOD FACTOR REVISION END WC260403(05-17) NE-CANCEL & NONRENEW END WC260601C(07-96)

UW 70 02 04 96