

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 on:


Vendor Signature Page
Lancaster County Signature Page

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)	
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:	

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 _____



(Yards-COI)

CERTIFICATE OF LIABILITY INSURANCE

MRYAR-1

OP ID: SCBE

DATE (MM/DD/YYYY)

05/29/2019

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 McCashland Kirby Ins Agency 8231 Northwoods Dr, Ste A Lincoln, NE 68505 DAVE KIRBY	402-466-2800	CONTACT DAVE KIRBY PHONE (A/C, No, Ext): 402-466-2800 FAX (A/C, No): 402-466-3229 E-MAIL ADDRESS:														
INSURED Mr Yards and More LLC 8729 Remi Dr Lincoln, NE 68526		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: United Fire Group</td> <td>13021</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire Group	13021	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: United Fire Group	13021															
INSURER B:																
INSURER C:																
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.

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	60489204	01/27/2019	01/27/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	60489204	01/27/2019	01/27/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			60489204	01/27/2019	01/27/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X	60489204	01/27/2019	01/27/2020	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Section			60489204	01/27/2019	01/27/2020		

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

City of Lincoln and/or Lancaster County and/or City of Lincoln/ Lancaster County Public Building Commission are listed as additionally insured on the General Liability and Auto Liability coverages as per forms CG7085 and CA7130.

CERTIFICATE HOLDER

CANCELLATION

City of Lincoln and/or Lancaster County Public Building Commission 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
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Dec page

CG 70 85 02 15

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
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.

0305

01-27-2019

POLICY NUMBER: 60489204

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Schedule of Additional Insureds	Premium
OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON	50
CG7085 -NEBRASKA	
Owners, Lessees or Contractors CITY OF LINCOLN &/OR LANCASTER COUNTY, PUBLIC BLDG COMMISSION	Location of Covered Operation 555 S 10TH ST. LINCOLN NE 68508

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

CG0001(04-13)	COMM GENERAL LIAB COVG FORM
CG2106(05-14)	EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL
CG2147(12-07)	EMPLOYMENT-RELATED PRACTICES EXCL
CG2150(04-13)	AMENDMENT OF LIQUOR LIAB EXCLUSION
CG2155-(09-99)	TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION
CG2167(12-04)	FUNGI/BACTERIA EXCL
CG2170(01-15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187(01-15)	CONDITIONAL EXCL OF TERRORISM
CG2196(03-05)	SILICA/SILICA-RELATED DUST EXCL
*CG7001(02-05)	COMMERCIAL GENERAL LIABILITY COVERAGE PART
*CG7004(02-05)	COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS
CG7085(02-15)	ADDL INSURED-OWNER/LESSEE/CONTRACTOR-SCHEDULED
CG7103(07-17)	ULTRA LIAB PLUS END
CG7125(02-12)	PROPERTY DAMAGE DEDUCTIBLE LIABILITY INSURANCE
*CG7154(01-07)	COMM GENERAL LIAB SUPPLEMENTAL DECS-ADDL INSUREDS
CG7155(01-07)	ABUSE/MOLESTATION EXCL
IL-0021(07-02)	NUCLEAR ENERGY LIAB EXCL END
IL0017(11-98)	COMMON POLICY CONDITIONS
*ILO259(12-17)	NE-CHGS CANCEL & NONRENEW
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7095(01-14)	INTERNET SECURITY & PRIVACY INS END
IL7105(10-14)	PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1813(10-15)	IMPORTANT NOTICE-INTERNET SECURITY & PRIVACY
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION

GL

0305

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

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL GENERAL LIABILITY
9-AGENCY BILL - COMMERCIAL GENERAL LIABILITY COVERAGE PART

ISSUE DATE 12-30-2018 JHO REPLACEMENT OF 0305 60489204 DECLARATIONS RENEWAL EXTENSION

NAMED MR YARDS AND MORE LLC
INSURED
AND
ADDRESS 8729 REMI DR
LINCOLN NE 68526-1028
AGENCY & CODE 050063
MCCASHLAND-KIRBY INS AGCY
8231 NORTHWOODS DR STE A
LINCOLN NE 68505

POLICY 12:01 A.M. Standard time FROM: 01-27-2019 TO: 01-27-2020
PERIOD: at your mailing address shown above. 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 policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient 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
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ 5,000

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
NONE

BUSINESS DESCRIPTION LAWN SERVICE
FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other LL COMPANY

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
NE LOC# 01 9520 N 1ST ST LINCOLN, NE 68531-8923 LANDSCAPE GARDENING INCL PR/CO 97047P) 85,000 INCL 5.522 INCL 469 \$ 500 PER CLAIM PROPERTY DAMAGE DEDUCTIBLE APPLIES ULTRA LIABILITY PLUS ENDORSEMENT CONTINUED ON CG7004						300

PREMIUM BASIS a) Area per 1000 sq ft c) Total Cost per \$1000 g) Gallons per 1000 m) Admissions per 1000 p) Payroll per \$1000 s) Gross Sales per \$1000 t) Defined Above u) Units per unit

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
SEE UW7002			

Other Forms SEE UW7002

Amend Reason
PREMIUM FOR THIS COVERAGE PART \$ 923
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. X
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

0305

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		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
INTERNET SECURITY & PRIVACY See UW1792 for Coverage Information						86
Certified Acts of Terrorism Coverage						18

POLICY NUMBER:

CA 71 30 05 10

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.

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: Interest:

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

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

CA0001(10-13)	BUSINESS AUTO COVG FORM
CA0156(10-13)	NE-CHGS
CA0221(12-17)	NE-CHGS-CANCEL
CA0449(11-16)	PRIMARY & NONCONTRIBUTORY OTHER INSURANCE
CA2170(10-13)	NE-UM & UIM COVG
CA2345(11-16)	PUBLIC/LIVERY PASSENGER CONVEYANCE & ON DEMAND DEL
CA2394(10-13)	SILICA/SILICA-RELATED DUST EXCL FOR COVERED AUTOS
*CA7041(03-93)	COMM AUTO COVG PART
*CA7075(04-15)	COMM AUTO COVG PART VEHICLE CHG SUMMARY
*CA7116(01-07)	CA ADDITIONAL INSURED SUPPLEMENTAL DEC
CA7130(05-10)	ADDL INSURED/INTEREST END
CA9935(11-13)	NE-AUTO MED PAYMENTS COVG
CA9944(10-13)	LOSS PAYABLE CLAUSE
IL-0021(07-02)	NUCLEAR ENERGY LIAB EXCL
IL0017(11-98)	COMMON POLICY CONDITIONS
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7083(08-10)	PAYMENT OF LOSSES
MCS90(04-14)	END FOR MOTOR CARRIER POLICIES OF INSURANCE
*ST1017BAP(12-91)	COMM AUTO COVG PART BUSINESS AUTO COVG FORM
ST1166CA(06-16)	NE-NOTICE UM/UIM COVG
ST1644-(01-12)	POLICY WEBSITE STUFFER
ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION
ST1915(11-16)	ADVISORY NOTICE TO POLICYHOLDERS
*UW7002(04-96)	FORMS SUPPLEMENTAL DECS

0305

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

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) COMMERCIAL AUTO

COMMERCIAL AUTO COVERAGE PART

ISSUE DATE 08-22-2019 T99 REPLACEMENT OF 0305 60489204 DECLARATIONS AMENDED 08/15/2019

I NAMED MR YARDS AND MORE LLC
T INSURED
M AND
O ADDRESS 8729 REMI DR
E LINCOLN NE 68526-1028
AGENCY & CODE 050063
MCCASHLAND-KIRBY INS AGCY
8231 NORTHWOODS DR STE A
LINCOLN NE 68505

POLICY 12:01 A.M. Standard time FROM: 01-27-2019 TO: 01-27-2020
PERIOD: 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 policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

BUSINESS DESCRIPTION: LAWN SERVICE
FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other LL COMPANY

ITEM TWO SCHEDULE OF COVERAGE AND COVERED AUTOS

This policy provides only those coverage where a charge is shown in the PREMIUM column below. Each of these coverages will apply only to those "autos" shown as COVERED AUTOS below.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT OF INSURANCE	PREMIUM
COVERED AUTO LIABILITY	07	\$1,000,000	3,181
MEDICAL PAYMENTS	07	SEE SUPPLEMENTAL DECLARATIONS	248
UNINSURED MOTORISTS-BI ONLY (INCLUDING UNDERINSURED MOTORISTS)	07	\$1,000,000	339
COMPREHENSIVE	07	SEE SUPPLEMENTAL DECLARATIONS	652
COLLISION	07	SEE SUPPLEMENTAL DECLARATIONS	1,192
MISC. SCHEDULED COVERAGES		SEE SUPPLEMENTAL DECLARATIONS	200

Premium Charge Forms Advance Premium SEE UW7002

Other Forms SEE UW7002

AMEND REASON: ADD 2008 HOMEMADE TRAILER #5777 ADD PHYSICAL DAMAGE TO 05 TRAILER

PREMIUM FOR THIS COVERAGE PART \$ 5,812
Endorsement Adjustment Premium \$ 70 ADDL

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. X (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

0305

08-15-2019

POLICY NUMBER: 60489204

SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Schedule of Additional Insureds	Premium
ADDITIONAL INSURED OR INTEREST ENDORSEMENT	200
CA7130 -NEBRASKA	
Name of Insured	Interest
GATEWAY ONE LENDING & FINANCE	07 JEEP #422850
PO BOX 1013	
ATWOOD CA 92811	
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	

WC 00 03 13
(4-84)

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.)

This endorsement, effective on _____ at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. _____ of the _____
(NAME OF INSURANCE COMPANY)

issued to

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

WC

0305

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

POLICY NUMBER: 60489204

ACCOUNT NUMBER: 3000310226 (2) WORKERS COMPENSATION
9-AGENCY BILL - WORKERS COMPENSATION COVERAGE PART

ISSUE DATE 12-30-2018	JHO REPLACEMENT OF 0305 60489204	DECLARATIONS RENEWAL EXTENSION
1. NAMED MR YARDS AND MORE LLC INSURED AND ADDRESS 8729 REMI DR LINCOLN NE 68526-1028	AGENCY & CODE 050063 MCCASHLAND-KIRBY INS AGCY 8231 NORTHWOODS DR STE A LINCOLN NE 68505	

2. POLICY PERIOD: 12:01 A.M. Standard time FROM: 01-27-2019 TO: 01-27-2020
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 policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed 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
BODILY INJURY BY DISEASE	\$	500,000 EACH EMPLOYEE
- 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-2S

3D. Premium Charge Forms SEE UW7002	Advance Premium	Premium Charge Forms	Advance Premium
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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. (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

0305

01-27-2019

POLICY NUMBER:

60489204

WORKERS COMPENSATION AND EMPLOYERS LIABILITY SUPPLEMENTAL DECLARATIONS

	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
CONTINUED			
4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.			
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 DOMESTIC & DRIVERS	53,281	8.800	4,689
NE LOC# 01 DEPT# 01 CITY OF LINCOLN &/OR LANCASTER ✓ 9520 N 1ST ST LINCOLN, NE 68531-8923			
0042 LAWN MAINTENANCE-COMMERCIAL OR DOMESTIC & DRIVERS	IF ANY	8.800	0
0930 ADDITIONAL PREMIUM- WAIVER OF SUBROGATION			100
NE - 9807 EMPLOYERS LIABILITY INCREASED LIMITS		.008	38
NE - 9848 BALANCE TO MIN PREM-EMP LIAB INCR LIM			37
NE - 9898 EXPERIENCE MODIFICATION		.960	-195
NE - 9740 TERRORISM		.010	5
NE - 9741 CATASTROPHE OTHER THAN TERRORISM		.018	10
NE - 0900 EXPENSE CONSTANT			160
NE - MINIMUM PREMIUM	\$750		

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
*ST1034WC(05-07)	A FEW MINUTES NOW CAN SAVE YOU MONEY
*ST1644(01-12)	POLICY WEBSITE STUFFER
*UW1590(05-17)	WORK COMP-PREMIUM CREDIT APPLICATION
WC000000C(01-15)	WORK COMP & EMPLOYERS LIAB INS POLICY
WC000313(04-84)	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS END
*WC000414(07-90)	NOTIFICATION OF CHG IN OWNERSHIP END
WC000419(01-01)	PREMIUM DUE DATE END
WC000421D(01-15)	CATASTROPHE (OTHER THAN TERRORISM) PREMIUM END
WC000422B(01-15)	TERRORISM RISK INS PROGRAM REAUTHORIZATION ACT
WC000424(01-17)	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
*WC000425(05-17)	EXPERIENCE RATING MOD FACTOR REVISION END
*WC2(05-95)	WORK COMP DEC
*WC2S(01-95)	WORK COMP SUPPLEMENTAL DEC
WC260402(01-95)	NE-CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT
WC260403(05-17)	NE-EXPERIENCE RATING MOD FACTOR REVISION END
WC260601C(07-96)	NE-CANCEL & NONRENEW END