

The Annual Requirements for Office Seating, Bid No. 08-180

City/County Amendment to Contract for Annual Supply of Ammunition Bid No. 08-180 (Second Renewal) 9-14-10

4


RECEIVED
 C-10-0453
 SEP 09 2010
 LANCASTER COUNTY
 CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between **AOI Corporation, 8801 S. 137th Cir., Omaha, NE 68138** (hereinafter "Contractor") and **Lancaster County and The City of Lincoln** (hereinafter "Owners"), for the purpose of renewing the **Contract C-08-0538, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008**, (the "Contract"), for **The Annual Requirements for Office Seating, Bid No. 08-180**, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is **October 14, 2008 thru October 13, 2009**, with the option to renew for **three (3) additional one (1) year periods**; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning **October 14, 2010 thru October 13, 2011**, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County **Contract C-08-0538** and **City E.O. No. 81746**, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning **October 14, 2010 thru October 13, 2011**.
- 2) 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.

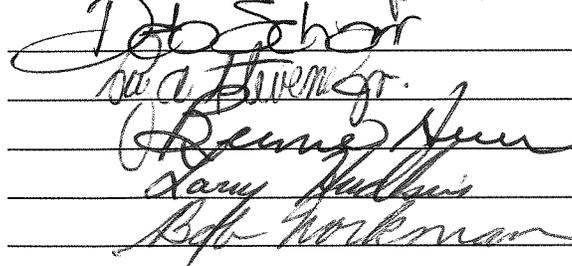
IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

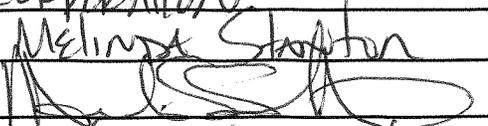
Executed this _____ day of _____, 2010



 Chris Beutler, Mayor

 for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	AOI CORPORATION
By: (Name & Title)	(Please Print) Melinda Skogston
By: (Name & Title)	(Please Sign) 
Company Address:	8320 COPY DRIVE, LINCOLN NE 68512
Company Phone & Fax:	(402) 476-0055 (402) 476-4500
Date:	Dated this <u>August</u> day of <u>30</u> , 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2010

PRODUCER Phone: 402-861-7000
 The Harry A. Koch Co.
 P.O. Box 45279
 Omaha NE 68145-0279

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
 AOI Corporation
 8801 South 137th Circle
 Omaha NE 68138-3455

INSURER A: Travelers Indemnity Company 25658

INSURER B: Charter Oak Fire Insurance Co 25615

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO5355R886COF10	8/6/2010	8/6/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8105355R886COF10	8/6/2010	8/6/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	CUP5355R886IND10	8/6/2010	8/6/2011	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	DTKUB5355R88610	8/6/2010	8/6/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: contract for office furnishings City of Lincoln/Lancaster County is an Additional Insured on GL and Auto. GL is primary & noncontributory, including products and completed operations

CERTIFICATE HOLDER

City of Lincoln / Lancaster County
 440 South 8th St, Ste 200
 Lincoln NE 68508

CANCELLATION 10 Days Notice for Nonpayment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

The Annual Requirements for Office Seating, Bid No. 08-180

City/County Amendment to Contract for Annual Supply of Ammunition Bid No. 08-180 (Second Renewal) 9-14-10

4
D
P
R.W.
Ph

RECEIVED
C-10-0454
SEP 09 2010
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between Office Interiors & Design, Inc., 121 Cherry Hill Blvd., Lincoln, NE 68510 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0539, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for three (3) additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0539 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) 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.

The Board of County Commissioners of Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

Executed this _____ day of _____, 2010

Bob Scharr
Mayor
Barry Dean
Harry Neill
Bob Workman

Chris Beutler, Mayor

Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	<u>OFFICE INTERIORS & DESIGN, INC.</u>
By: (Name & Title)	(Please Print) <u>Nancy Kraft</u>
By: (Name & Title)	(Please Sign) <u>Nancy Kraft</u>
Company Address:	<u>121 CHERRY HILL BLVD., LINCOLN NE 68510</u>
Company Phone & Fax:	<u>402-484-7500</u> <u>FX 402-484-7575</u>
Date:	Dated this <u>20</u> day of <u>AUGUST</u> , 2010

Client#: 56204

OFFIC1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: INSPRO Insurance, P.O. Box 6847, Lincoln, NE 68506, 402 483-4500. CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE, NAIC #: INSURER A: General Casualty Co., 24414.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY (CCS0688134), AUTOMOBILE LIABILITY (CBA0688131), UMBRELLA LIAB (CCU0688132), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (CWC0688133).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Lincoln, Nebraska; Lancaster County, Nebraska are named as additional insureds.

CERTIFICATE HOLDER

CANCELLATION 30 Days for Non-Payment

City of Lincoln, 440 S. 8th 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: James D. Mibb d

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder SPACES INC
 Address of policyholder 14950 w 86th st LENEXA KS 66215
 Location of operations _____
 Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
91-BK-2051-5	Comprehensive Business Liability	06-21-2010	06-21-2011	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:	<input checked="" type="checkbox"/> Products - Completed Operations			Each Occurrence	\$ 2000000
	<input checked="" type="checkbox"/> Contractual Liability			General Aggregate	\$ 4000000
	<input type="checkbox"/> Underground Hazard Coverage			Products - Completed Operations Aggregate	\$ 4000000
	<input checked="" type="checkbox"/> Personal Injury				
	<input checked="" type="checkbox"/> Advertising Injury				
	<input type="checkbox"/> Explosion Hazard Coverage				
	<input type="checkbox"/> Collapse Hazard Coverage				
	<input checked="" type="checkbox"/> FOR OFFSITE COVERAGE				
	<input checked="" type="checkbox"/> ENOL-EMPLOYERS OWNED/NONOWNED AUTOS				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY	
				Part 2 BODILY INJURY	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
91-BK-2051-5 F	ENOL, ALL AUTOS	06-21-10	06-21-11	2000000	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

CITY OF LINCOLN AND LANCASTER COUNTY ARE ALSO NAMED ADDITIONAL INSUREDS

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

CITY OF LINCOLN AND LANCASTER COUNTY
 440 SOUTH 8TH ST
 SUITE 200 SOUTHWEST WING
 LINCOLN NE 68508

Signature of Authorized Representative _____
 AGENT _____ 08/30/2010
 Title _____ Date _____

Agent's Code Stamp

AFO Code F818

RECEIVED

C-10-0455
SEP 09 2010

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second Renewal) 9-14-10

JS
R.F.
K.W.
L.H. B.H.
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between Sheppard's Business Interiors, 6221 S. 58th St., Ste. E, Lincoln, NE 68516 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0540, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for three (3) additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0540 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) 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.

The Board of County Commissioners of Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

Executed this _____ day of _____, 2010

Deb Schorr
Debra Hennig
Debra Heen
Denny Hollman
Bob Anderson

Chris Beutler, Mayor

for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	
By: (Name & Title)	(Please Print) <u>Carolyn Behrens-Neusmer</u>
By: (Name & Title)	(Please Sign) <u>Carolyn Behrens-Neusmer</u>
Company Address:	
Company Phone & Fax:	
Date:	Dated this <u>26th</u> day of <u>August</u> , 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

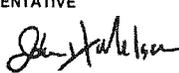
PRODUCER SilverStone Group 11516 Miracle Hills Drive Omaha NE 68154	CONTACT NAME: Christina Perkins PHONE (A/C, No. Ext): 402.964.5424 FAX (A/C, No): 402.557.6323 E-MAIL ADDRESS: cperkins@ssgi.com PRODUCER CUSTOMER ID #: SHEPP-1													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great Northern Ins. Company</td> <td>20303</td> </tr> <tr> <td>INSURER B: Cincinnati Insurance Co.</td> <td>10677</td> </tr> <tr> <td>INSURER C: Federal Insurance Company</td> <td>20281</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Ins. Company	20303	INSURER B: Cincinnati Insurance Co.	10677	INSURER C: Federal Insurance Company	20281	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Great Northern Ins. Company	20303													
INSURER B: Cincinnati Insurance Co.	10677													
INSURER C: Federal Insurance Company	20281													
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Sheppards Business Interiors, 725 S. 72nd Street Omaha NE 68114														

COVERAGES **CERTIFICATE NUMBER:** 2065972479 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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 checked="" type="checkbox"/> LOC			3589-3110	1/1/2010	1/1/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			7356-0134	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			CCC1179522	1/1/2010	1/1/2011	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A			7171-0941	1/1/2010	1/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Crime			3589-3110	1/1/2010	1/1/2011	Forgery \$100,000 Employee Theft \$520,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
10 days notice of cancellation for non-payment of premium.
The City of Lincoln, Nebraska; Lancaster County, Nebraska; are named as additional insured.

CERTIFICATE HOLDER City of Lincoln/Lancaster Cnty Vince Mejer 440 S. 8th Street Lincoln NE 68508	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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The Annual Requirements for Office Seating, Bid No. 08-180

City/County Amendment to Contract for Annual Supply of Ammunition Bid No. 08-180 (Second Renewal) 9-14-10 R.W.H.

RECEIVED

SEP 09 2010

LANCASTER COUNTY

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between All Makes Office Equipment Co. of Lincoln, 3333 "O" Street, Lincoln, NE 68510 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0537, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for three (3) additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0537 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
2) 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.

The Board of County Commissioners of Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September 2010

Executed this _____ day of _____, 2010

Handwritten signatures of Board of County Commissioners: Bob Schott, Dan A. Thomas, Dennis Key, Harry Anderson, and Bob Workman.

Chris Beutler, Mayor
[Signature]
Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Form with fields: Company Name: All Makes Office Eq Co; By: (Name & Title) Harban Priesmar Vice President; By: (Name & Title) Harban Priesmar V.; Company Address: 3333 O Street Lincoln, NE 68510; Company Phone & Fax: (402) 477-7131-Phone (402) 473-8330 fax; Date: Dated this 23rd day of August, 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2009

PRODUCER (402) 397-5050

Grace/Mayer Insurance Agency, Inc.
10050 Regency Circle, #300
Omaha, NE 68114-3722

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED All Makes Office Equip Co
2558 Farnam St
Omaha, NE 68131

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Property & Casualty
INSURER B: Travelers Indemn. Co. Of Illinois
INSURER C: Phoenix Insurance Co
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	6301800C405	12/15/2009	12/15/2010	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 5,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	8109365A399	12/15/2009	12/15/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESS / UMBRELLA LIABILITY	CUP1800C405	12/15/2009	12/15/2010	EACH OCCURRENCE	\$ 9,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 9,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	UB1800C405	12/15/2009	12/15/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
		If yes, describe under SPECIAL PROVISIONS below					
		OTHER					
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
City of Lincoln/Lancaster County are Additional Insureds in regards to General Liability. Spec #05020

CERTIFICATE HOLDER

City of Lincoln
Purchasing Dept.
440 S. 8th St, Ste #200
Lincoln, NE 68508-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE