

**City/County Amendment to Contract for  
Armored Car Services, Bid No. 09-209  
(First Renewal)**

This Amendment is hereby entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2011, by and between **Rochester Armored Car, P.O. Box 8 DTS, Omaha, NE 68101** (hereinafter "Contractor") and **Lancaster County and The City of Lincoln** (hereinafter "Owners"), for the purpose of renewing the **Contract C-09-0492**, dated **September 23, 2009**, and **Resolution No. A-85515**, dated **September 23, 2009**, (the "Contract"), for **Armored Car Services, Bid No. 09-209**, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is for two (2) years from **September 23, 2009 thru September 22, 2011**, with the option to renew for **one (1) additional two (2) year period**; and

WHEREAS, the parties wish to renew the Contract for an additional two (2) year term beginning **September 23, 2011 thru September 22, 2013** and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County **Contract C-09-0492** and **City Resolution No. A-85515**, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the first additional two (2) year term beginning **September 23, 2011 thru September 22, 2013**.
- 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 \_\_\_\_\_ day of \_\_\_\_\_, 2011

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2011

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

\_\_\_\_\_  
**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:        | <i>Rochester Armored Car Co., Inc.</i>                      |
| By: (Name & Title)   | (Please Print) <i>Michael Shea Sales and Service</i>        |
| By: (Name & Title)   | (Please Sign) <i>Michael Shea</i>                           |
| Company Address:     | <i>5937 Leavenworth St Omaha, NE 68105</i>                  |
| Company Phone & Fax: | <i>800 558 9323 Fax 402 558 9326</i>                        |
| Date:                | Dated this <i>28<sup>th</sup></i> day of <i>July</i> , 2011 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2011

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).

|  |  |  |                |  |
|--|--|--|----------------|--|
| <b>PRODUCER</b><br>The Harry A. Koch Co.<br>P.O. Box 45279<br>Omaha NE 68145-0279        | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 402-861-7000 |  | FAX (A/C, No): |  |
|  | <b>E-MAIL ADDRESS:</b>                                     |  |                |  |
| <b>INSURED</b><br>Rochester Armored Car Co., Inc.<br>P.O. Box 8 D.T.S.<br>Omaha NE 68101 | <b>INSURER(S) AFFORDING COVERAGE</b>                       |  | <b>NAIC #</b>  |  |
|  | INSURER A: General Casualty Co. of Wisconsin               |  | 24414          |  |
|  | <b>INSURER B:</b>  |  |                |  |
|  | <b>INSURER C:</b>  |  |                |  |
|  | <b>INSURER D:</b>  |  |                |  |
|  | <b>INSURER E:</b>  |  |                |  |
| <b>INSURER F:</b>  |  |  |                |  |

**COVERAGES**

CERTIFICATE NUMBER: 1949121791

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.

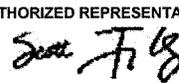
| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|------------|---------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |            | CCI0262931    | 6/30/2011               | 6/30/2012               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |            | CBA0262931    | 6/30/2011               | 6/30/2012               | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |            | CCU0262931    | 6/30/2011               | 6/30/2012               | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$10,000,000<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | Y/N<br>N/A | CWC0262931    | 6/30/2011               | 6/30/2012               | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                             |

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

RE: BID # 09-209.

CITY OF LINCOLN, NEBRASKA AND LANCASTER COUNTY ARE ADDITIONAL INSURED ON THE GENERAL LIABILITY WITH REGARDS TO THE SERVICES PROVIDED.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Lincoln Attn: Purchasing Division/Finance Department<br>Vince M. Mejer, Purchasing Agent<br>440 South 8th Street, Suite 200<br>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<br>  |

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# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2  
DATE (MM/DD/YYYY)  
07/28/2011

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|   |   |                             |
|---|---|-----------------------------|
| PRODUCER<br>Willis IIB, Inc.<br>10 Woodbridge Center Dr.<br>Suite 601<br>Woodbridge, NJ 07095                 | CONTACT NAME:                             |                             |
|   | PHONE (A/C, NO, EXT): 732-855-3155        | FAX (A/C, NO): 732-855-3158 |
|   | E-MAIL ADDRESS: certificates@willis.com   |                             |
|   | INSURER(S) AFFORDING COVERAGE             | NAIC#                       |
|   | INSURER A: Navigators Insurance Company   | 42307-002                   |
| INSURED<br>Rochester Armored Car Co., Inc.<br>Lewis System of Iowa, Inc.<br>P.O. Box 8 DTS<br>Omaha, NE 68101 | INSURER B: Underwriters at Lloyd's London | 15792-001                   |
|   | INSURER C:                                |                             |
|   | INSURER D:                                |                             |
|   | INSURER E:                                |                             |
|   | INSURER F:                                |                             |

COVERAGES      CERTIFICATE NUMBER: 16319350      REVISION NUMBER: See Remarks

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  | ADD'L INSR | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|------------------|-------------------------|-------------------------|---|
|          | <b>GENERAL LIABILITY</b>   |            |          |                  |                         |                         | EACH OCCURRENCE \$  |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |            |          |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |            |          |                  |                         |                         | MED EXP (Any one person) \$   |
|          |  |            |          |                  |                         |                         | PERSONAL & ADV INJURY \$  |
|          |  |            |          |                  |                         |                         | GENERAL AGGREGATE \$  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |            |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |            |          |                  |                         |                         | \$  |
|          | <b>AUTOMOBILE LIABILITY</b>  |            |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                      |
|          | <input type="checkbox"/> ANY AUTO  |            |          |                  |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS              |            |          |                  |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                  |            |          |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |            |          |                  |                         |                         | \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR                          |            |          |                  |                         |                         | EACH OCCURRENCE \$  |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |            |          |                  |                         |                         | AGGREGATE \$  |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |            |          |                  |                         |                         | \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |            |          |                  |                         |                         | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N         |            | N/A      |                  |                         |                         | E.L. EACH ACCIDENT \$   |
|          | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below                       |            |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$   |
|          |  |            |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$  |
| A        | Armored Car Transit,   |            |          | NY07ILM006353-04 | 1/1/2011                | 1/1/2014                | SEE DESCRIPTION FOR LIMITS  |
| B        | Vault and Safe Risk  |            |          | 11076W11         | 1/1/2011                | 1/1/2014                |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

THIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 12/16/2010 WITH ID: 15153713

SEE ATTACHED FOR LIMITS

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| City of Lincoln<br>440 South 8th Street<br>Suite 200, SW Wing<br>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<br><i>Joann Eppi</i>   |

Coll: 3433512 Tpl: 1193422 Cert: 16319350 © 1988-2010 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

|                                 |           |   |  |
|---------------------------------|-----------|---|--|
| AGENCY<br>Willis IIB, Inc.      |           | NAMED INSURED<br>Rochester Armored Car Co., Inc.<br>Lewis System of Iowa, Inc.<br>P.O. Box 8 DTS<br>Omaha, NE 68101 |  |
| POLICY NUMBER<br>See First Page |           | EFFECTIVE DATE: See First Page  |  |
| CARRIER<br>See First Page       | NAIC CODE |   |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

LIMITS:  
 \$100,000,000 each and every loss for transit  
 \$100,000,000 each and every loss for Omaha location  
 \$ 42,000,000 each and every loss for Fargo location  
 \$ 50,000,000 each and every loss for McAllen location  
 \$ 45,000,000 each and every loss for Des Moines location  
 \$ 33,000,000 each and every loss for Iowa City location  
 \$ 30,000,000 each and every loss for Sioux Falls location  
 \$ 20,000,000 each and every loss for all other locations

The City of Lincoln, Nebraska and Lancaster County, Nebraska are included as a Loss Payee as their interest may appear.