

AMENDMENT TO CONTRACT
Business Card and Letterhead Printing (Business Cards Only)
Bid No. 18-082
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Extension
Firespring

This Amendment is hereby entered into by and between Firespring, 1201 Infinity Court, Lincoln, NE 68512 (hereinafter "Contractor") and City of Lincoln, Lancaster County and the City of Lincoln-Lancaster County Public Building Commission, (hereinafter "Owners"), for the purpose of amending the Contract dated June 12, 2018, executed under City Directorial Order No.19455, and County Contract C-18-0272, dated June 12, 2018, and executed by the City of Lincoln-Lancaster County Public Building Commission, on June 5, 2018, for Business Card and Letterhead Printing (Business Cards Only), Bid No. 18-082, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is June 12, 2018 through June 11, 2019, with the option to renew for three (3) additional one (1) year terms upon written mutual consent by all parties; and

WHEREAS, the Contract was amended by City Directorial Order No. 21678, executed on June 14, 2019, and by County Contract No. C-19-0478, executed on June 18, 2019, and by the City of Lincoln-Lancaster County Public Building Commission on May 14, 2019, to renew the Contract from June 12, 2019 through June 11, 2020; and

WHEREAS, the Contract was amended by City Directorial Order No. 23599, executed on May 28, 2020, and by County Contract No. C-20-0260, executed on May 28, 2020, and by the City of Lincoln-Lancaster County Public Building Commission on May 19, 2020, to renew the Contract from June 12, 2020 through June 11, 2021; and

WHEREAS, the Contract was amended by City Directorial Order No. 25713, executed on May 7, 2021, and by County Contract No. C-21-0332, executed on May 4, 2021, and by the City of Lincoln-Lancaster County Public Building Commission on May 11, 2021, to renew the Contract from June 12, 2021 through June 11, 2022; and

WHEREAS, the parties hereby extend the Contract from June 12, 2022 through October 10, 2022; and

WHEREAS, the expenditures for the City of Lincoln for the term of this extension shall not exceed \$16,350.00 without prior approval by the City of Lincoln; and

WHEREAS, the expenditures for Lancaster County for the term of this extension shall not exceed \$3,350.00 without prior approval by the Lancaster County Board of Commissioners; and

WHEREAS, the expenditures for City of Lincoln-Lancaster County Public Building Commission for the term of this extension shall not exceed \$350.00 without prior approval by the Public Building Commission; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Directorial Order No. 19455 and County Contract No. C-18-0272, and stated herein the parties agree as follows:

- 1) The parties hereby extend the Contract from June 12, 2022 through October 10, 2022.
- 2) The expenditures for the City of Lincoln for the term of this extension shall not exceed \$16,350.00 without prior approval by the City of Lincoln.
- 3) The expenditures for Lancaster County for the term of this extension shall not exceed \$3,350.00 without prior approval by the Lancaster County Board of Commissioners.

- 4) The expenditures for City of Lincoln-Lancaster County Public Building Commission for the term of this extension shall not exceed \$350.00 without prior approval by the Public Building Commission.
- 5) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

Vendor Signature Page

City of Lincoln Signature Page

Lancaster County Signature Page

City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

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Please sign, date and return within 2 days of receipt.

Email to: Sandy Rocke at: srocke@lincoln.ne.gov

Company Name:	Firespring
By: (Please Sign)	<i>Patti J. Wenzel</i>
By: (Please Print)	Patti Jo Wenzel
Title:	Inside Sales Account Representative
Company Address:	1201 Infinity Court, Lincoln Ne 68512
Company Phone & Fax:	402-437-0000
E-Mail Address:	Patti.Wenzel@firespring.com
Date:	May 11, 2022
Contact Person for Orders or Service	Patti Wenzel
Contact Phone Number	402 - 434 - 8513

City of Lincoln Signature Page

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EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Finance Director

Approved by Directorial Order No. _____

dated _____

Lancaster County Signature Page

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Firespring**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

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

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Extension
Firespring**

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:

Public Building Commission Attorney

Chairperson, Public Building Commission

dated _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2022

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 UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Cheryl Talbott	PHONE (A/C, No, Ext): (402) 434-7200	FAX (A/C, No): (402) 434-7272
	E-MAIL ADDRESS: ctalbott@unicogroup.com		
INSURED Firespring Print, Inc. 1201 Infinity Ct. Lincoln NE 68512-9340	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity		18058
	INSURER B: Accident Fund General		12304
	INSURER C: Continental Casualty Co.		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 21/22 All Lines **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	Y		PHPK2295055	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK2295055	07/01/2021	07/01/2022	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"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB775113	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCV6113892	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Technology Errors and Omissions Liability			652241075	07/01/2021	07/01/2022	Each Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lincoln, Lancaster County and Lincoln/ Lancaster County Public Building Commission as additional insured on the General Liability and Auto. A
Waiver of subrogation is included on the Workers Compensation.

CERTIFICATE HOLDER City of Lincoln, Lancaster County Lincoln/Lancaster County Public Building Commission 555. So. 10th 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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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
City of Lincoln, Lancaster County Lincoln/Lancaster County Public Building Commission	
Information required to complete this Schedule, if not shown above, will be shown in 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 liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

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.

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:

1. 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Firespring Print, Inc.
Endorsement Effective Date: 07/01/2021

SCHEDULE

Name Of Person(s) Or Organization(s): City of Lincoln, Lancaster County
Lincoln/Lancaster County
Public Building Commission

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

CITY OF LINCOLN LANCASTER
COUNTY LINCOLN/LACASTER COUNTY
1201 INFINITY CT
LINCOLN NE 68512

PUBLIC BUILDING COMMISSION

555 SO 10TH STREET
LINCOLN NE 68508

ANY WRITTEN CONTRACT REQUIRING
ENDORSEMENT FROM OUR INSURED
1201 INFINITY CT
LINCOLN NE 68512

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____



Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
WCV 6113892	07/01/2021	07/01/2022
12:01 A.M. Standard Time at the described location		

Transaction

INFORMATION PAGE
RENEWAL OF POLICY WCV 6113892

Named Insured and Address	Agent
FIRESRING PRINT INC 1201 INFINITY CT LINCOLN NE 68512	UNICO GROUP INC. 1128 LINCOLN MALL SUITE 200 LINCOLN NE 68508
	Telephone: 402-434-7200 9017348

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
NE	G-NTI-PD	(5/20)	PRIVACY POLICY & DISCLOSURE
NE	PN99NSF	(1/18)	NON SUFFICIENT FUNDS CHARGE
NE	WC000000C	(1/15)	WC & EMP LIAB INSURANCE POLICY
NE	WC000308	(4/84)	PARTNERS, OFFICERS, AND OTHERS
NE	WC000310	(4/84)	SOLE PROPRIETORS, PARTNERS, OFC
NE	WC000313	(4/84)	WAIVER OF OUR RIGHT TO RECOVER
NE	WC000403	(4/84)	EXPERIENCE RATING MODIFICATION
NE	WC000406A	(7/95)	PREMIUM DISCOUNT ENDT
NE	WC000414A	(1/19)	NOTIFICATION OF CHG IN OWNER
NE	WC000419	(1/01)	PREMIUM DUE DATE ENDORSEMENT
NE	WC000421E	(1/21)	CTS (EX CRT TER ACT) PRM END
NE	WC000422C	(1/21)	TRISK INSPR REAUT ACT DCL EN
NE	WC000424	(1/17)	AUDIT NONCOMPLIANCE CHARGE END
NE	WC260401B	(5/17)	NE EXPERIENCE RATING MOD
NE	WC260403	(5/17)	NE EXPERIENCE RATING MOD
NE	WC260601C	(7/96)	NE CANCELLATION ENDT
NE	WC990650	(1/10)	SERVICE FEE ENDORSEMENT
NE	WC990660	(5/17)	EXECUTION CLAUSE ENDORSEMENT