## ADAMS COUNTY, COLORADO FIRST AMENDMENT FOR PARTS INVENTORY CONTROL SERVICES

THIS FIRST AMENDMENT TO SERVICE AGREEMENT ("First Amendment") is entered into this <u>STH</u> day of <u>TVNE</u>, 2015, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams Parkway, Brighton, CO 80601, hereinafter referred to as the "County," and Factory Motor Parts, located at 1380 Corporate Center Curve, Egan, Minnesota 80601, hereinafter referred to as the "Contractor."

## **RECITALS**

WHEREAS, on May 5, 2014, the County entered into a Service Agreement with Factory Motor Parts; and,

WHEREAS, the County and the Contractor mutually desire to amend the Service Agreement to extend the term.

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

- 1. The Service Agreement is hereby amended to extend the term of the Agreement for one additional year.
- 2. The fee schedule will remain at the same at Thirty Five Percent (35%) margin on the lowest landed on-site cost.
- 3. The Service Agreement and this First Amendment contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by this First Amendment shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this First Amendment, the terms, conditions, and provisions of this First Amendment shall control.
- 4. The Recitals contained in this First Amendment are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.
- 5. This First Amendment may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
- 6. Nothing expressed or implied in this First Amendment is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim

under or by reason of this First Amendment or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this First Amendment by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.

- 7. If any provision of this First Amendment is determined to be unenforceable or invalid for any reason, the remainder of the First Amendment shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
- 8. Each party represents and warrants that it has the power and ability to enter into this First Amendment, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

BOARD OF COUNTY COMMISSIONERS ADAMS COUNTY, COLORADO

| APPROVED AS TO FORM:           |
|--------------------------------|
| Adams County Attorney's Office |
|                                |
| 6-8-15<br>Date                 |
|                                |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2014

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.

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).

| C   | ertificate holder in lieu of such endor  | sement(:                                  | s)   |   |   |                                 |  |                    |  |          |
|---|--|---|--|---|---|---------------------------------|--|--------------------|--|----------|
| PRODUCER  |  |   |  |   | CONTACT NAME: Carrie Bierl              |                                 |  |                    |  |          |
| Arthur J. Gallagher Risk Management Services, Inc.<br>1415 28th Street, Suite 300 |  |   |  | PHONE (A/C, No, Ext): 515-440-8422 FAX (A/C, No): 515-457-8964  |   |                                 |  |                    |  |          |
| West Des Moines IA 50266  |  |   |  |   | E-MAIL<br>ADDRESS: Carrie_Bierl@AJG.com |                                 |  |                    |  |          |
|   |  |   |  |   |   |                                 | RDING COVERAGE                                     |                    | NAIC#                                  |          |
|   |  |   |  |   | INSURER A : EMCASCO Insurance Company   |                                 |  |                    | 21407                                  |          |
| INSURED   |  |   |  |   | INSURER B:                              |                                 |  |                    |  |          |
| Elliott Auto Supply Co., Inc. Factory Motor                                       |  |   |  | INSURER C:  |   |                                 |  |                    |  |          |
| Parts<br>1380 Corporate Center Curve, Ste 200<br>Eagan MN 55121                   |  |   |  | INSURER D:  |   |                                 |  |                    |  |          |
|   |  |   |  | INSURER E :   |   |                                 |  |                    |  |          |
| Edgan wife 00121  |  |   |  |   | INSURER F :                             |                                 |  |                    |  |          |
| CO  | VERAGES CER  | TIFICAT                                   | E NUMBER: 361434752  |   |   |                                 | REVISION NUMBER:                                   |                    |  |          |
| II<br>C   | HIS IS TO CERTIFY THAT THE POLICIES<br>NDICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | OF INST<br>EQUIREM<br>PERTAIN<br>POLICIES | JRANCE LISTED BELOW HA<br>ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORD<br>S. LIMITS SHOWN MAY HAVE | OF AN'  | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T       | CT TO              | WHICH THIS                             |          |
| INSR  | TYPE OF INSURANCE  | ADDL SUE                                  |  |   | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)      | LIMI   | TS                 |  |          |
| Α   | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  |   | 2D39543-16   |   | 11/15/2014                              | 11/15/2015                      | EACH OCCURRENCE<br>DAMAGE TO RENTED                | \$1,000            |  |          |
|   | CERIMINATURDE X OCCUR  |   |  |   |   |                                 | PREMISES (Ea occurrence)  MED EXP (Any one person) | \$5,000            |  |          |
|   |  |   |  |   |   |                                 | PERSONAL & ADV INJURY                              | \$1,000            |  |          |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |  |   |   |                                 | GENERAL AGGREGATE                                  | \$2,000            | ······································ |          |
|   | X POLICY PRO-<br>JECT LOC  |   |  |   |   |                                 | PRODUCTS - COMP/OP AGG                             | \$2,000            |  |          |
|   | OTHER:   |   |  |   |   |                                 | - ACOUNTY - COMPTON TOO                            | \$                 |  |          |
| Α   | AUTOMOBILE LIABILITY   |   | 2E39543-16   |   | 11/15/2014                              | 11/15/2015                      | COMBINED SINGLE LIMIT (Ea accident)                | \$1,000            | 000                                    |          |
|   | X ANY AUTO   |   |  |   |   |                                 | BODILY INJURY (Per person)                         | 3                  |  |          |
|   | ALL OWNED SCHEDULED AUTOS AUTOS  |   |  |   |   |                                 | BODILY INJURY (Per accident)                       | S                  |  |          |
|   | X HIRED AUTOS X NON-OWNED AUTOS  |   |  |   |   | -                               | PROPERTY DAMAGE<br>(Per accident)                  | \$                 |  |          |
|   | 70103  |   |  |   |   |                                 | (re) accuerny                                      | \$                 |  |          |
| A   | X UMBRELLA LIAB X OCCUR  | İ   | 2J39543-16   |   | 11/15/2014                              | 11/15/2015                      | EACH OCCURRENCE                                    | \$5,000            | .000                                   |          |
|   | EXCESS LIAB CLAIMS-MADE  |   |  |   |   |                                 | AGGREGATE  | \$5,000            |  |          |
|   | DED X RETENTION\$10,000  |   |  |   |   |                                 |  | 5                  |  |          |
| Α   | WORKERS COMPENSATION   |   | 2N39543-16   |   |   | 11/15/2015                      | X PER OTH-   | 4                  |  |          |
| Α   | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  2P39543-16  |   | 2P39543-16   |   | 11/15/2014                              | 11/15/2015                      | E.L. EACH ACCIDENT                                 | \$500.0            | 00                                     |          |
|   | OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)   | N/A                                       |  |   |   |                                 | E.L. DISEASE - EA EMPLOYER                         | <u> </u>           |  |          |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |   |  |   |   |                                 | E.L. DISEASE - POLICY LIMIT                        | \$500,0            |  |          |
| A   | GARAGE LIABILITY   |   | 2E39543-16   | -   | 11/15/2014                              | 11/15/2015                      | Auto Only- Ea Acc                                  | 500.000            |  |          |
|   | ONNOC LINEIS (   |   | 2233043-10   |   | 11110/2014                              | 11/10/2010                      | Other Than - Ea Acc<br>Auto Only: - Agg            | 1,000,0<br>1,000,0 | 00                                     |          |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (ACO                                  | RD 101, Additional Remarks Schedu  | ile, may b  | e attached if mo                        | re space is requi               | red)   |                    |  |          |
|   | ms County is listed as additional in   | sured R                                   | eal Property Leased und  | er the (  | general liait                           | olity policy                    |  |                    |  |          |
| noit  | ed above per form CG 7184 (1/08).  |   |  |   |   |                                 |  |                    |  |          |
| Cat   | egory: Landlord  |   |  |   |   |                                 |  |                    |  |          |
|   |  |   |  |   |   |                                 |  |                    |  |          |
|   |  |   |  |   |   |                                 |  |                    |  |          |
| CERTIFICATE HOLDER  |  |   |  |   | CANCELLATION                            |                                 |  |                    |  |          |
| 1   |  |   |  | 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 |   |                                 |  |                    |  |          |
|   |  |   |  |   |   |                                 |  |                    |  | <u>,</u> |