

AGREEMENT WITH URBAN WILDLIFE MANAGEMENT
FOR PROFESSIONAL SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and URBAN WILDLIFE MANAGEMENT, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Health Services Agency, Aging And Adult Services; and

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Director of Health Services, or her designee, with respect to the product or result of Contractor's services, shall provide the services as described in Schedule A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

It is hereby understood that agreement No. 57000-02-C025 with Urban Wildlife Management will automatically terminate upon the execution of this agreement by the Board of Supervisors.

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed TWO HUNDRED THOUSAND DOLLARS (\$200,000) for the contract term.

B. Rate of Payment. The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C. Time Limit for Submitting Invoices. Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

3. Relationship of Parties

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is established by this Agreement. The intent by both County and Contractor is to create an independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status and the tax consequences of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from, through and/or pursuant to the San Mateo County Civil Service Rules.

4. Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this Agreement, or (D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County, its officers, agents, employees, or

servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

5. Insurance

Contractor shall not commence work under this Agreement until all insurance required under this section has been obtained and such insurance has been approved by the Director of Health Services. Contractor shall furnish the Health Services Agency with Certificates of Insurance evidencing the required coverage and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These Certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Health Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

A. Workers' Compensation and Employer Liability Insurance. Contractor shall have in effect during the entire life of this Agreement, Workers' Compensation and Employer Liability Insurance providing full statutory coverage. In signing this Agreement, County makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

B. Liability Insurance. Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Contractor's operations under this Agreement, whether such operations be by himself or by any subcontractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below.

Such insurance shall include:

- 1) Comprehensive General Liability \$1,000,000
- 2) Motor Vehicle Liability Insurance \$1,000,000
- 3) Professional Liability \$-0-

If this Agreement remains in effect more than one (1) year from the date of its original execution, County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving sixty (60) days' notice to Contractor.

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to County, its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only. Said certificate(s) of insurance is (are) attached hereto and incorporated by reference herein.

6. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein.

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation.

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject Contractor to penalties, to be determined by the County Manager, including, but not limited to:

- i. termination of this Agreement;
- ii. disqualification of Contractor from bidding on or being awarded a County contract for a period of up to three (3) years;
- iii. liquidated damages of TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500) per violation;
- iv. imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this paragraph, the County Manager shall have the authority to:

- i. examine Contractor's employment records with respect to compliance with this paragraph;
- ii. set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other contractor between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within thirty (30) days of such filing, provided that within such thirty (30) days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of its response to the complaint when filed.

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

7. Assignments and Subcontracts

A. Without the written consent of the Director of Health Services or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Director of Health Services or her designee is a breach of this Agreement and shall automatically terminate this Agreement.

B. Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Health Services or her designee.

C. All assignees, subcontractors, or consultants approved by the Director of Health Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this Agreement, and Contractor shall be liable for the assignee's, subcontractor's or consultant's acts and/or omissions.

D. All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County.

8. Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto.

9. Records

A. Contractor agrees to provide to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant federal, state, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

B. Contractor shall maintain and preserve all financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

10. Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

11. Interpretation and Enforcement

A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed:

1) In the case of County, to:

San Mateo County Aging and Adult Services
Jacqueline Toliver
225 - 37th Avenue
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to

Contractor.

2) In the case of Contractor, to:

Urban Wildlife Management
Alan Merrifield
P. O. Box 90
Burlingame, CA 94010

B. Controlling Law. The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

12. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2001 through June 30, 2004. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days' written notice to the other party.

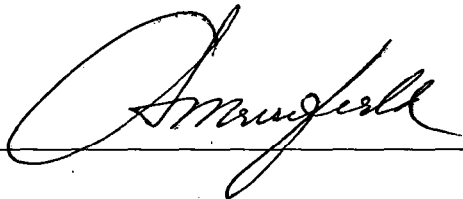
This agreement supersedes the following agreement between County and Contractor: Agreement No. 57000-02-C025 executed on July 1, 2001.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

URBAN WILDLIFE MANAGEMENT

By: _____
Jerry Hill, President
Board of Supervisors, San Mateo County

By:  _____

Date: _____

Date: 5/29/02 _____

ATTEST:

By: _____
Clerk of Said Board

Date: _____

SCHEDULE A

Contractor shall provide residential clean-up services for clients who are conserved under the responsibility of the San Mateo County Public Guardian including, but not limited to, removal of animal and human waste; rodent abatement; gross (major) scrubbing, washing and cleaning; hauling of debris and elements deemed hazardous to the community; searching for specific items of value; inventorying items removed; and assessing any possible necessary repairs.

- A. Contractor shall provide immediate scheduling of services to be performed within forty-eight (48) hours of request. Should the situation be an immediate hazard, necessary response time may be decreased to twenty-four (24) hours.
- B. Contractor shall clean rodent and flea-infested, feces-damaged houses.
- C. Contractor shall remove animal and human waste from the site.
- D. Contractor shall provide rodent abatement services.
- E. Contractor shall provide yard cleaning and hauling.
- F. Contractor shall identify and protect items of value, e.g., antiques, collectibles, and other sellable items. Sometimes searching for specific items of value and keeping an inventory of items removed is required.
- G. Contractor shall not salvage any item from the client's property unless it is to be returned to the client.
- H. Contractor shall provide both gross cleaning and major scrubbing and washing services.
- I. Contractor shall use his own equipment.
- J. Contractor shall provide a written cost estimate that must be approved by the Estate Manager of Aging and Adult Services prior to the commencement of work. It must break the cost down by classification category and estimated number of hours.
- K. Contractor shall obtain written approval for any job order changes from the Estate Manager of Aging and Adult Services prior to billing.
- L. Contractor shall provide a final invoice that specifies total actual number of hours and classification category.

SCHEDULE B

In full consideration of the services rendered in accordance with the terms of this agreement, Contractor shall be paid upon submission of invoices based on pre-approved work accomplished and according to the classifications and rates outlined below:

Classification	Type of Services	Hourly rate
Class I	Normal residential cleaning, minimal hauling and yard work	\$171
Class II	Class II could take up to several days and include the following services in addition to class I: houses with gross cleaning, carpet removal, human feces/urine damage, cleaning out refrigerators, major bathroom and kitchen cleaning, extensive yard work, tree trimming, several lots of debris for removal, animal-related work, etc. This class does not require the use of a debris box.	\$171
Class III	Houses, warehouses, storage lots, and industrial sites with all Class II factors, including hazardous materials other than normal household products, which will require "industrial strength" treatments for decontamination and deodorizing. This class requires the use of a debris box.	\$233

In any event, the maximum amount to be paid for all services as described above and other related pre-approved expenses shall not exceed TWO HUNDRED THOUSAND DOLLARS (\$200,000).

SCHEDULE C

Contract between County of San Mateo and Urban Wildlife Management, hereinafter called "Contractor."

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract. Contractor's personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: URBAN WILDLIFE MANAGEMENT
Contact Person: ARAN MERRIFIELD
Address: PO Box 90, BURLINGAME, CA 94011
Phone Number: 650 343.4380 Fax Number: (415) 468-0806

II Employees

Does the Contractor have any employees? [X] Yes [] No
Does the Contractor provide benefits to spouses of employees? [] Yes [X] No

If the answer to one or both of the above is no, please skip to Section IV.

III Equal Benefits Compliance (Check one)

- [] Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
[] Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
[] No, the Contractor does not comply.
[] The Contractor is under a collective bargaining agreement which began on ____ (date) and expires on ____ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 29th day of MAY, 2002 at SAN MATEO, CA (City) (State)

[Handwritten Signature]
Signature

ARAN MERRIFIELD
Name (Please Print)

OWNER
Title

94-3238825
Contractor Tax Identification Number

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed 5

DATE: May 23, 2002
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163
FROM: Maria Gonzalez - 573-3495, FAX 573-3729, PONY - AAS 321
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Urban Wildlife Management

DO THEY TRAVEL?: Yes, but no mileage in contract

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide residential clean up services.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse 5-23-02

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/27/200

PRODUCER
Van Beurden Ins Svc -Kingsburg
1600 Draper St
PO BOX 67
Kingsburg, CA 93631

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

INSURED
Alan Merrifield
DBA: Urban Wildlife Management
P.O. Box 90
Burlingame, CA 94011

INSURER A: Clarendon National Insurance Co.
INSURER B:
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS -COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	04KR0015915	01/01/02	01/01/03	<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

Att: Margie

CERTIFICATE HOLDER

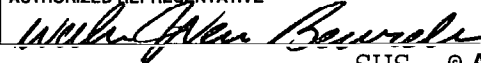
ADDITIONAL INSURED;INSURER LETTER:

CANCELLATION

County of San Mateo - Aging and Adult Services
225-37th Avenue
San Mateo, CA 94403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF INSURANCE

0747708

ISSUE DATE (MM/DD/YY)

10/24/01

PRODUCER

K & K Insurance Group, Inc.
1712 Magnavox Way
P.O. Box 2338
Fort Wayne, In 46801

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.

COMPANIES AFFORDING COVERAGE

INSURED

NEW YORK STATE TRAPPER'S ASSOC., INC.
URBAN WILDLIFE MANAGEMENT
PO BOX 90
SAN MATEO, CA 94401

COMPANY LETTER **A** TIG INSURANCE COMPANY
COMPANY LETTER **B**
COMPANY LETTER **C**

COVERAGES

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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)														
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/> _____	SSP3801953303	12:01AM 11/01/01	12:01AM 11/01/02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$ NONE</td></tr> <tr><td>Product-Comp/Ops Aggregate</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Personal & Advertising Injury</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$ 5</td></tr> <tr><td>Participant Legal Liability</td><td style="text-align: right;">\$ N/A</td></tr> </table>	General Aggregate	\$ NONE	Product-Comp/Ops Aggregate	\$ 1000	Personal & Advertising Injury	\$ 1000	Each Occurrence	\$ 1000	Fire Damage (Any one fire)	\$ 300	Medical Expense (Any one person)	\$ 5	Participant Legal Liability	\$ N/A
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Medical Expense (Any one person)	\$ 5																		
Participant Legal Liability	\$ N/A																		
	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit	\$	Bodily Injury (per person)	\$	Bodily Injury (per accident)	\$	Property Damage	\$						
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Bodily Injury (per accident)	\$																		
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	Excess Liability <input type="checkbox"/> Other than Umbrella form				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Each Occurrence</td><td style="text-align: center;">Aggregate</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	Aggregate	\$	\$										
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	Workers' Compensation and Employers' Liability				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Statutory</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Each Accident</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Policy Limit</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Each Employee</td></tr> </table>	Statutory		\$	Each Accident	\$	Disease-Policy Limit	\$	Disease-Each Employee						
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	Participant Accident				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AD&D</td><td style="text-align: right;">\$</td></tr> <tr><td>Primary Medical</td><td style="text-align: right;">\$</td></tr> <tr><td>Excess Medical</td><td style="text-align: right;">\$</td></tr> <tr><td>Weekly Indemnity</td><td style="text-align: right;">\$ X</td></tr> </table>	AD&D	\$	Primary Medical	\$	Excess Medical	\$	Weekly Indemnity	\$ X						
AD&D	\$																		
Primary Medical	\$																		
Excess Medical	\$																		
Weekly Indemnity	\$ X																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

EFFECTIVE DATE: 11/01/01
DBA: ALAN J MERRIFIELD

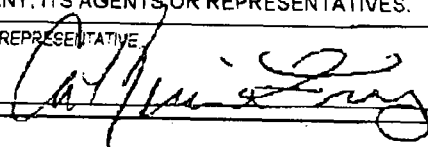
CERTIFICATE HOLDER

ADDITIONAL INSURED
BD OF SUPERVISORS OF THE COUNTY OF SAN MATEO, THE COUNTY OF THEIR OFFICES/AGENTS/EMPLOYEES AND OTHER
225 W 37TH AVE
SAN MATEO, CA 94403

CANCELLATION

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

AUTHORIZED REPRESENTATIVE





6400 State Farm Drive
Rohnert Park CA 94926

"COPY" DECLARATIONS PAGE "COPY"

POLICY NUMBER G67 0336-A05-05K	Policy Period from JAN 18 2002 to JUL 05 2002	STATE FARM PAYMENT PLAN NUMBER 0147784202
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00825 05-2299-332B
AGING AND ADULT SERVICES
COUNTY OF SAN MATEO
227 WEST 37TH AVE
SAN MATEO CA 94403-4324

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.**

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

NAMED INSURED: MERRIFIELD, ALAN

PHONE: (650)343-2442

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
1974	GMC		PICKUP	TCY244250002	6H3HC311

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1974 GMC
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$37.89
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$31.97
H	Emergency Road Service	\$4.01
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$25,000 \$50,000	\$10.60
Uninsured Motor Vehicle Property Damage		\$9.73
Total premium for this policy period:		\$194.14 This is not a bill.

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number G670336-05J.

New Policy Form

Your total current 6 month premium for JAN 05 2002 to JUL 05 2002 is \$424.71.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details)

- 01 6028AU ADDITIONAL INSURED-AGING AND ADULT SERVICES COUNTY OF SAN MATEO, 227 WEST 37TH AVE, SAN MATEO CA 94403-4324.
- 02 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVC, PO BOX 90, BURLINGAME CA 94011-0090.
- 03 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SVC, THE BOARD, OF SUPS OF SAN MATEO CNTY, THE CNTY, THEIR OFFICES, AGTS EMPLOYEES AND OTHERS, BURLINGAME CA 94010.
- 04 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555 COUNTY CENTER, REDWOOD CITY CA 94063-1654.
- 6289BV SINGLE LIMIT OF LIABILITY
RESIDENCE-181 BARRIOLHET AVE, SAN MATEO CA 94401.

Named Insured- MERRIFIELD, ALAN DBA URBAN WILDLIFE MANAGEMENT PO BOX 90 BURLINGAME CA 94011-0090

Agent: STEVE CARIA

Telephone: (650)343-2442

Prepared FEB 06 2002 2299-151



6400 State Farm Drive
Rohnert Park CA 94926

COPY DECLARATIONS PAGE *COP

POLICY NUMBER C23 1999-B05-05D	Policy Period from FEB 05 2002 to AUG 05 2002	STATE FARM PAYMENT PLAN NUMBER 0346148402
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05-2299-332B
DEPT OF HEALTH SVCS, BOARD OF
SUPV OF THE CO OF SAN MATEO
THE CO & THEIR OFFICES, AGTS,
EMPLS & OTHERS, ADMIN SERV
225 37TH AVEA
SAN MATEO CA 94403-4324
NAMED INSURED: MERRIFIELD, ALAN

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE**

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

PHONE: (650)343-2442

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1993	GMC	S15 SONOMA	PICKUP	1GTCS19W1P8512821	1H3HCV11

SYMBOL	COVERAGE	PREMIUM
	See policy for coverage details.	1993 GMC
A	bodily injury/property damage liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$280.00
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$26.50
D250	\$250 Deductible Comprehensive	\$16.70
C500	\$500 Deductible Collision	\$99.23
H	Emergency Road Service	\$4.32
U	Uninsured Motor Vehicle Limits of Liability-U Each Person/Land Accident \$100,000 \$300,000	\$12.50
	Medical Payments	\$2.90
Total premium for this policy period		\$438.26 This is not a bill!

IMPORTANT MESSAGE

Your policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number C231999-05C.

New Policy Form

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details)

01 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVCS, INC, PO BOX 90,
BURLINGAME CA 94011-0090.
02 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SVCS, BOARD OF SUPV OF THE CO
OF SAN MATEO THE CO & THEIR OFFICES, AGTS, EMPLS & OTHERS, ADMIN SERV 225
37TH AVEA, SAN MATEO CA 94403-4324
03 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555
COUNTY CENTER, REDWOOD CITY CA 94063-1654.
6289BV SINGLE LIMIT OF LIABILITY
RESIDENCE-181 BARRIOLHET AVE, SAN MATEO CA 94401.

Named Insured- MERRIFIELD, ALAN DBA URBAN WILDLIFE MANAGEMENT PO BOX 90 BURLINGAME CA
94011-0090

Agent: STEVE CARIA

Telephone: (650)343-2442

Prepared FEB 05 2002 2299-151

**COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM**

CONTRACT APPROVAL FORM

TO: Maria Gonzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM: Raymond Swope, County Counsel
Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Agreements, Board Memo and Resolution for:
The Brauner Company and Urban Wildlife Management

DATE SUBMITTED: May 24, 2002

CONTRACT PERIOD: The Brauner Company - July 1, 2001 to June 30, 2003
Urban Wildlife Management - July 1, 2001 to June 30, 2004

CONTRACT AMOUNT AND FUNDING SOURCE:

The Brauner Company \$240,000 and Urban Wildlife Management \$200,000 - funds are
reimbursed directly from clients' personal assets, no county cost.

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO
FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:  6/3/02
DEPUTY COUNTY COUNSEL DATE