

AMENDMENT NO. 1 TO AGREEMENT WITH  
ARCADIA HEALTH CARE

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and ARCADIA HEALTH SERVICES, INC., dba ARCADIA HEALTH CARE (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

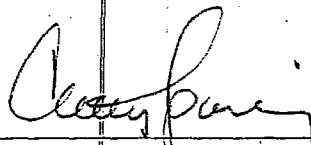
1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

Arcadia Health Services, Inc. dba  
ARCADIA HEALTH CARE

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

By:  \_\_\_\_\_  
Cathy Sparling, Vice President/COO

Date: \_\_\_\_\_

Date: May 22, 2002

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 2

DATE: December 13, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Arcadia Health Care

DO THEY TRAVEL?: Providers go to the homes of clients to provide services.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

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

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

12/18/01

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Sharks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *June 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]*  
DEPUTY COUNTY COUNSEL  
DATE: *6/10/02*

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)  
06/05/01

**PRODUCER**  
Aon Risk Services, Inc. of Illinois  
123 North Wacker Drive  
Chicago IL 60606

**INSURED**  
Arcadia Services, Inc.  
26777 Central Park Boulevard  
Ste. 200  
Southfield MI 48076 USA

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**

COMPANY A Continental Casualty Company

COMPANY B American Casualty Co. of Reading PA

COMPANY C Chicago Ins Co

COMPANY D

**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
C	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CDO266-49-52	06/01/01	06/01/02	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE(Any one fire) \$50,000 MED EXP (Any one person) \$5,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	BUA247898299	06/01/01	06/01/02	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
B	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC247845148	06/01/01	06/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR EL EACH ACCIDENT \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000 EL DISEASE-EA EMPLOYEE \$1,000,000
C	Prof Liability	AHC2703298	06/01/01	06/01/02	Per Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

ARCADIA HEALTH SERVICES, INC.  
4200 18TH STREET, STE. 103  
SAN FRANCISCO CA 94114 USA

**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 *John A. Petrusatti*

AMENDMENT NO. 1 TO AGREEMENT WITH  
CARE RESOURCE

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and CARE RESOURCE (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

CARE RESOURCE

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

By: *Helena Giguera Asclay* \_\_\_\_\_

Date: \_\_\_\_\_

Date: *5/14/02* \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed \_\_\_\_\_

DATE: December 13, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Care Resource

DO THEY TRAVEL?: Providers go to the homes of clients to provide services.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

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 type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

12-18-01





# American Alternative Insurance Corporation

STATUTORY HOME OFFICE  
1013 Centre Road  
Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

**THIS IS A CLAIMS-MADE POLICY. PLEASE READ IT CAREFULLY.**

## HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

### RENEWAL DECLARATION

**POLICY NO. VH-HL-2000078-1/000**

RENEWAL OF VH-HL-2000078-0

#### 1. NAMED INSURED AND MAILING ADDRESS

#### AGENCY AND MAILING ADDRESS

GUZENT, INC  
DBA CARE RESOURCE  
401 HILLSIDE BLVD  
DALY CITY CA 94014

Glatfelter Underwriting Services  
183 Leader Heights Road  
PO Box 2726  
York, PA 17405

2. POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

3. Form of Insured's Business: CORPORATION

#### 4. Limits of Liability:

##### Coverage A.

Professional Liability: 1,000,000 Each Medical Incident Limit  
3,000,000 Aggregate Limit

##### Coverage B.

General Liability: 1,000,000 Each Occurrence Limit  
1,000,000 Personal & Advertising Injury Limit  
1,000,000 Products & Completed Operations  
1,000,000 Fire & Water Damage Limit  
3,000,000 Aggregate Limit

##### Coverage C.

Medical Payments: 50,000 Each Person Limit  
500,000 Each Accident Limit

Non-Owned & Hired Auto: 1,000,000 Each Accident Limit

#### 5. Deductible:

##### Coverage A.

Professional Liability: NONE Each Medical Incident

##### Coverage B.

General Liability: NONE Each Occurrence



# American Alternative Insurance Corporation

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1013 Centre Road  
Wilmington, DE 19805

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555 College Road East  
Princeton, New Jersey, 08543-5241  
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## HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

### RENEWAL DECLARATION

**POLICY NO. VH-HL-2000078-1/000**  
RENEWAL OF VH-HL-2000078-0

#### 1. NAMED INSURED AND MAILING ADDRESS

#### AGENCY AND MAILING ADDRESS

GUZENT, INC  
DBA CARE RESOURCE  
401 HILLSIDE BLVD  
DALY CITY CA 94014

Glatfelter Underwriting Services  
183 Leader Heights Road  
PO Box 2726  
York, PA 17405

2. POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

#### 6. Retroactive Dates:

Coverage A.  
Professional Liability: 04/28/2002

Coverage B.  
General Liability: 04/28/2002

**TOTAL PREMIUM \$2,274**



# American Alternative Insurance Corporation

STATUTORY HOME OFFICE  
1013 Centre Road  
Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

**THIS IS A CLAIMS-MADE POLICY. PLEASE READ IT CAREFULLY.**

## HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

### RENEWAL DECLARATION

**POLICY NO. VH-HL-2000078-1/000**  
RENEWAL OF VH-HL-2000078-0

#### 1. NAMED INSURED AND MAILING ADDRESS

GUZENT, INC  
DBA CARE RESOURCE  
401 HILLSIDE BLVD  
DALY CITY CA 94014

#### AGENCY AND MAILING ADDRESS

Glatfelter Underwriting Services  
183 Leader Heights Road  
PO Box 2726  
York, PA 17405

2. POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

**8. FORMS AND ENDORSEMENTS**  
APPLYING TO POLICY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:  
VLCW01 (05-96) HIL003 (01-01) HGL001 (01-01) HGL012 (01-01) HGL013 (01-01) HGL017 (01-01)  
HGL018 (01-01) HGL014 (01-01) HGL103 (01-01) HGLC20 (01-01) HGL032 (02-02) HGL004 (01-01)  
HGL007 (01-01)

This policy is issued to a Participating Member of the NHO Purchasing Group, Inc. which is a purchasing group established pursuant to the 1986 Risk Retention Act, as amended.

These Declarations, together with the coverage form and forms and endorsements, if any issued to form a part thereof, complete the above policy number.

COUNTERSIGNED AT: \_\_\_\_\_

DATE: \_\_\_\_\_

*[Signature]*  
BY: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/23/2002

**INSURER**  
Caldwell & Associates Insurance  
321 N. Mall Dr., #B-202  
St. George, UT 84790  
435 628-5378

**INSURED**  
General, Inc.  
dba: Care Resource / Primecare Mc  
375 South Mayfield Ave., #270  
Daly City, CA 94015  
(650) 301-3270

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**

INSURER A: American Alternative Insur. Corp.  
INSURER B: Connecticut Indemnity  
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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	VH-HL-2000078-0/00	04/28/01	04/28/02	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	VH-HL-2000079-0/00	04/28/01	04/28/02	COMBINED SINGLE LIMIT (Ca accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	HU5000005-0	04/28/01	04/28/02	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
	DEDUCTIBLE RETENTION \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1662560-01	12/31/01	12/31/02	WC STAND. TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER Professional	VH-HL-2000078-0/00	04/28/01	04/28/02	1,000,000/3,000,000
A	Fidelity Bond	VH-HB-0000020-0/00	04/28/01	04/28/02	\$25,000

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

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
FOR INFORMATION PURPOSES ONLY		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 <i>[Signature]</i>

AMENDMENT NO. 1 TO AGREEMENT WITH  
MATCHED CAREGIVERS

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MATCHED CAREGIVERS (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

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2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

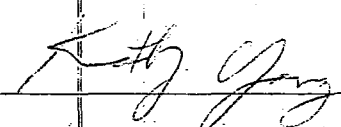
1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

MATCHED CAREGIVERS

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

By:  \_\_\_\_\_

Date: \_\_\_\_\_

Date: 5/20/02 \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 3

DATE: December 13, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Matched Caregivers

DO THEY TRAVEL?: Providers go to the homes of clients to provide services.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$1m	<input checked="" type="checkbox"/>	<input 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 12/18/01

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Shanks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *JUNE 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]*  
DEPUTY COUNTY COUNSEL  
DATE: *6/10/02*



INSURER  
 Lockyer Insurance-Campbell  
 Phone #0580438  
 11 South Winchester  
 CA 95008  
 Phone 408-288-6262 Fax: 408-280-0621

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

- INSURER A: American Alternative Insurance
- INSURER B:
- INSURER C:
- INSURER D:
- INSURER E:

Matched Caregivers, Inc.  
 211 Town & Country Village  
 Palo Alto CA 94301

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
<b>AUTOMOBILE LIABILITY</b> <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) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	20A2WC9000174-00	01/01/01	01/01/02	X WC STAT. TORT LIMITS OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
OTHER				

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

VERIFICATION: CANCELLATION

HEALTHCO 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.

*Frederick J. Steff*



PRODUCER  
Barlocker Insurance-Campbell  
License #0580438  
2951 South Winchester  
Campbell CA 95008  
Phone: 408-288-6262 Fax: 408-280-0821

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INSURERS AFFORDING COVERAGE

INSURED  
  
Matched Caregivers, Inc.  
211 Town & Country Village  
Palo Alto CA 94301

INSURER A: State Compensation Ins. Fund  
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
	<b>GENERAL LIABILITY</b> <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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	1658882-02	01/01/02	01/01/03	WC STATUTORY LIMITS: OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Evidence of Insurance.

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
County of San Mateo Aging and Adult Services 225 37th Ave, Rm 140 San Mateo CA 94403		SANMAT2	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 <i>Frederick J. Stepan</i>

AMENDMENT NO. 2 TO AGREEMENT WITH  
AT HOME HEALTH CARE

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and AT HOME HEALTH CARE (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any

federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

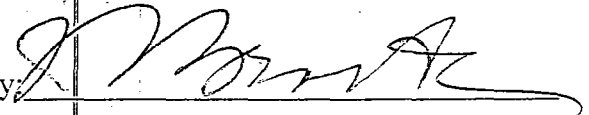
1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

AT HOME HEALTH CARE

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

By:  \_\_\_\_\_

Date: \_\_\_\_\_

Date: 5-23-02 \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

PRODUCER  
  
(WC) Heffernan Insurance Brkrs  
13 Carlback Ave, Suite 200  
Walnut Creek CA 94596  
Phone: 925-934-8500 Fax: 925-934-8278

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  
  
At Home Health Care  
Bob Brock  
160-B Birch Street  
Redwood City CA 94062

INSURER A: State Fund  
INSURER B: American Alternative Ins.  
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
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	AALBINDER	02/01/02	02/01/03	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input 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	AALBINDER	02/01/02	02/01/03	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 \$
	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	76126702	01/01/02	01/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
B	OTHER Professional Liab.	AALBINDER	02/01/02	02/01/03	1 mil/3mil

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Certificate holder is named additional insured as respects to General Liability as per policy form. \*Except 10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER  ADDITIONAL INSURED; INSURER LETTER: A  
  
COUNT 31  
County of San Mateo  
Aging & Adult Services  
Attn: Maria Gonzalez  
225 W. 37th Avenue  
San Mateo CA 94403

CANCELLATION  
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

# American Alternative Insurance Corporation

STATUTORY HOME OFFICE  
1013 Centre Road  
Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

## PROFESSIONAL/GENERAL LIABILITY GENERAL CHANGE ENDORSEMENT

POLICY NO. VH-HL-2001254-0/001

### 1. NAMED INSURED AND MAILING ADDRESS

THE BROCK GROUP  
D/B/A AT HOME HEALTH CARE  
160-B BIRCH STREET  
REDWOOD CITY CA 94062

### AGENCY AND MAILING ADDRESS

Glatfelter Underwriting Services  
183 Leader Heights Road  
PO Box 2726  
York, PA 17405

2. POLICY PERIOD: From 02/01/2002 to 02/01/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.  
ENDORSEMENT DATE: 03/18/2002

### PROFESSIONAL & GENERAL LIABILITY

For an additional/return premium, the items below are changed as indicated:  
ADDED ADDITIONAL INSUREDS AS FOLLOWS:

COUNTY OF SAN MATEO AGING AND ADULT SERVICES  
225 W 37TH AVENUE  
SAN MATEO, CA 94403  
WITH RESPECT TO SERVICES PROVIDED

BIRCH DENTAL PROPERTIES  
20 MELROSE COURT  
SAN MATEO, CA 94402

WITH RESPECT TO LEASED PREMISE AT 160-B BIRCH STREET, REDWOOD CITY, CA

NO ADDITIONAL/RETURN PREMIUM IS DUE FOR THIS ENDORSEMENT

# American Alternative Insurance Corporation

STATUTORY HOME OFFICE  
1013 Centre Road  
Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

## PROFESSIONAL/GENERAL LIABILITY GENERAL CHANGE ENDORSEMENT

POLICY NO. VH-HL-2001254-0/001

### 1. NAMED INSURED AND MAILING ADDRESS

THE BROCK GROUP  
D/B/A AT HOME HEALTH CARE  
160-B BIRCH STREET  
REDWOOD CITY CA 94062

### AGENCY AND MAILING ADDRESS

Glatfelter Underwriting Services  
183 Leader Heights Road  
PO Box 2726  
York, PA 17405

2. POLICY PERIOD: From 02/01/2002 to 02/01/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.  
ENDORSEMENT DATE: 03/18/2002

### FORMS AND ENDORSEMENTS

APPLYING TO POLICY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:  
HGL019 (01-01)

This policy is issued to a Participating Member of the NHO Purchasing Group, Inc. which is a purchasing group established pursuant to the 1986 Risk Retention Act, as amended.

These Declarations, together with the coverage form and forms and endorsements, if any issued to form a part thereof, complete the above policy number.



COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 5

DATE: July 27, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: At Home Health Care.

DO THEY TRAVEL?: yes

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

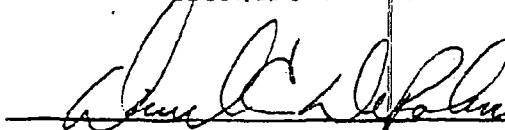
DUTIES (SPECIFIC): Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

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

REMARKS/COMMENTS

SIGNATURE

DATE



7-31-01

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Shanks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills-Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program.

DATE SUBMITTED: May 24, 2002 / *JUNE 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY:

*[Signature]*  
DEPUTY COUNTY COUNSEL

*6/10/02*  
DATE

AMENDMENT NO. 2 TO AGREEMENT WITH  
MEDICAL CARE PROFESSIONALS

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MEDICAL CARE PROFESSIONALS (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any



COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 3

DATE: July 27, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Medical Care Professionals

DO THEY TRAVEL?:

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE David C. [Signature] DATE 8-1-01

# ACCORD® CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> Smith Ball & Thompson Inc. 40 Main Street, Suite 500 P O Box 730 Burlington VT 05402-0730	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	
<b>ISSUED</b> Medical Care Professionals 363 El Camino Real Suite 215 So. San Francisco, CA 94088	INSURER A: <b>New Hampshire Ins. Co.</b> INSURER B: <b>Westport Ins. Corp.</b> INSURER C: <b>National Union Fire Ins.</b> 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 TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> 35% AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	01-LX6342165-0	06/27/01	06/27/02	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AD/ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOS AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input 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	01-LX6343165-0	06/27/01	06/27/02	COMBINED SINGLE LIMIT (Per 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 AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS: <input type="checkbox"/> <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
C	OTHER Professional Liability	HKA6885275(C2)	06/27/01	06/27/02	PL Per Occurrence 1,000,000
C	Fidelity Bond	363-4684	06/27/01	06/27/02	PL Aggregate 3,000,000 Fidelity Bond 25,000

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

<b>CERTIFICATE HOLDER</b> San Mateo County Aging & Adult Services 123 37th Avenue San Mateo CA 94403	<b>ADDITIONAL INSURED - INSURER LETTER</b> CA 94403	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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: <i>[Signature]</i>
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# ACCORD CERTIFICATE OF LIABILITY INSURANCE

@001/001  
07/27/01

**PRODUCER**  
Smith Ball & Thompson Inc.  
40 Main Street, Suite 500  
P O Box 730  
Burlington VT 05402-0730

**INSURED**  
Medical Care Professionals  
363 El Camino Real  
Suite 215  
So. San Francisco CA 94088

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**

INSURER A: **New Hampshire Ins. Co.**  
INSURER B: **Westport Ins. Corp.**  
INSURER C: **National Union Fire Ins.**  
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. TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01-LX6342165-0	06/27/01	06/27/02	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADY INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPROP AGG \$ 1,000,000
GEN. AGGREGATE LIMIT APPLIES PERCENT POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
X	AUTOMOBILE LIABILITY	01-LX6343165-0	06/27/01	06/27/02	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
X	HIRED AUTOS				
X	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
					EL. EACH ACCIDENT \$
					EL. DISEASE - EA EMPLOYEE \$
					EL. DISEASE - POLICY LIMIT \$
C	Professional Liability	HHA6885275(C2)	06/27/01	06/27/02	PL Per Occurrence 1,000,000
	Fidelity Bond	363-4684	06/27/01	06/27/02	PL Aggregate 3,000,000 Fidelity Bond 25,000

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

**CERTIFICATE HOLDER**

San Mateo County  
Aging & Adult Services  
125 37th Avenue  
San Mateo CA 94403

**CANCELLATION**

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: *[Signature]*

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-02

POLICY NUMBER: 761-02    UNIT 000082  
CERTIFICATE EXPIRES: 01-01-03

MSSP PROGRAM SAN MATEO COUNTY  
ATTN: ANNA DA MOTA  
225 W. 37TH AVENUE  
SAN MATEO, CA 94403

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

*Kenneth C. Bollier*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

MEDICAL CARE PROFESSIONALS, INC.  
363 EL CAMINO REAL STE 215  
S SAN FRAN CA 94080

MEDICAL CARE PROFESSIONALS, INC.



COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Shanks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills-Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *June 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]* *6/10/02*  
DEPUTY COUNTY COUNSEL DATE

AMENDMENT NO. 2 TO AGREEMENT WITH  
NURSE PROVIDERS, INC.

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and NURSE PROVIDERS, INC. (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

NURSE PROVIDERS, INC.

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

By: *[Signature]* \_\_\_\_\_

Date: \_\_\_\_\_

Date: *5/27/02* \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

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

Number of pages faxed 3

**DATE:** July 27, 2001  
**TO:** Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
**FROM:** Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
**SUBJECT:** Contract Insurance Approval

**CONTRACTOR NAME:** Nurse Providers, Inc.

**DO THEY TRAVEL?:** yes

**PERCENT OF THE TIME:**

**NUMBER OF EMPLOYEES:**

**DUTIES (SPECIFIC):** Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

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

**REMARKS/COMMENTS**

SIGNATURE

DATE

Priscilla Morse      7-29-01

**ACORD CERTIFICATE OF LIABILITY INSURANCE** ID KR NURSE-1 DATE (MM/DD/YY) 10/27/00

PRODUCER  
 R Carrie Insurance Agency, Inc  
 2140 Sutter Street  
 San Francisco CA 94115  
 Phone: 415-567-7660 Fax: 415-474-7409

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  
 Nurse Providers, Inc.  
 Attn: Jose Katigbak  
 355 Gallert Blvd, Stes. 150&152  
 Daly City CA 94015

INSURERS AFFORDING COVERAGE	
INSURER A:	St. Paul Fire & Marine
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	FK06603427	10/19/00	10/19/01	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	FK06603427	10/19/00	10/19/01	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
A	EXCESS LIABILITY	FK06603427	10/19/00	10/19/01	EACH OCCURRENCE	\$ 3000000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 3000000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS: OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER	FK06603427	10/19/00	10/19/01	1000000	Each Person
	Prof. Liability				3000000	Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 MEDICAL PROFESSIONAL LIABILITY COVERAGE IS INCLUDED UNDER ST. PAUL FIRE & MARINE POLICY NO. FK06603427, 10/19/00-10/19/01, \$1,000,000 EACH PERSON, 3,000,000 AGGREGATE. CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED ON LIABILITY POLICIES AS RESPECTS OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER: SMHOSPI	CANCELLATION
San Mateo County Aging & Adult Services Attn: Maria Gonzalez 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 WRITE 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.
			<i>Alma Tierney-Dalton</i> Alma Tierney-Dalton

# ACORD CERTIFICATE OF LIABILITY INSURANCE

APP ID KR  
NURSE-1

DATE (MM/DD/YY)  
11/02/01

PRODUCER  
**R Carrie Insurance Agency, Inc**  
2140 Sutter Street  
San Francisco CA 94115  
Phone: 415-567-7660 Fax: 415-474-7409

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  
**Nurse Providers, Inc.**  
Attn: Jose Katigbak  
P.O. Box 2479  
Daly City CA 94017

INSURER A: **Chicago Insurance Company**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

### COVERAGES

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AHC2703622	10/19/01	10/19/02	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ <b>Included</b>
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ <b>1,000</b>
	<input checked="" type="checkbox"/> Prof. Liab. Incl				PERSONAL & ADV INJURY \$ <b>Included</b>
					GENERAL AGGREGATE \$ <b>3,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ <b>Included</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				Emp. Ben. <b>1,000,000</b>
A	AUTOMOBILE LIABILITY	AHC2703622	10/19/01	10/19/02	COMBINED SINGLE LIMIT (Ea accident) \$ <b>Included</b>
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED ON LIABILITY POLICIES AS RESPECTS OPERATIONS OF THE NAMED INSURED. \*10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT**

CERTIFICATE HOLDER  ADDITIONAL INSURED; INSURER LETTER: SMHOSPI CANCELLATION

San Mateo County  
Aging & Adult Services  
Attn: Maria Gonzalez  
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.

Irja Carrie



**MARSH USA INC.**

**CERTIFICATE OF SURANCE**

CERTIFICATE NUMBER  
CHI-000342641-00

PRODUCER  
Marsh USA Inc.  
600 Renaissance Center  
Suite 2100  
Detroit, MI 48243

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

26075 -KSL-NURSE-2001

COMPANY  
A CNA INSURANCE COMPANIES

INSURED  
NURSE PROVIDERS, INC.  
KELLY STAFF LEASING, INC.  
110 WEST A STREET  
SUITE 1700  
SAN DIEGO, CA 92101

COMPANY  
B AMERICAN ALTERNATIVE INSURANCE CO

COMPANY  
C

COMPANY  
D

**COVERAGES:** This certificate supersedes and replaces any previously issued certificate for the policy period noted below. THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTO/BOBILE LIABILITY</b> <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN ALTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 249181642 (AZ,WI)	01/01/02	01/01/03	X WC STATU-TORY LIMITS OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL D SEASE-POLICY LIMIT \$ 1,000,000 EL D SEASE-EACH EMPLOYEE \$ 1,000,000
A	<b>THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:</b>	WC 249181658 (ALL OTHER INSURED STATES)	01/01/02	01/01/03	
A	<b>EXCESS WORK COMP</b> OTHER	W126573759H (CA,MI,OR) (EXCESS OF \$10,000,000 IN WA)	01/01/02	01/01/03	SAME LIMITS AS WC/EL ABOVE
B	<b>EXCESS WORK COMP</b>	XW-0000002-00 (WA)	01/01/02	01/01/03	SAME TOTAL AS WC/EL ABOVE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)  
Applicable to Leased Employees Only, Per Client Service Agreement.

**CERTIFICATE HOLDER**  
SAN MATEO COUNTY GENERAL HOSPITAL  
AGING ADULT SERVICES  
ATTN: MARIA  
225 37TH STREET  
SAN MATEO, CA 94403

**CANCELLATION**  
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES

MARSH USA INC.  
By: Janice B Collins

*Janice B Collins*

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Sharks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills-Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *JUNE 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]* *6/10/02*  
DEPUTY COUNTY COUNSEL DATE



AMENDMENT NO. 2 TO AGREEMENT WITH  
OLDER ADULTS CARE MANAGEMENT

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and OLDER ADULTS CARE MANAGEMENT (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

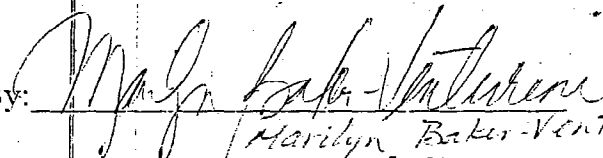
1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

OLDER ADULTS CARE MANAGEMENT

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

By:   
Marilyn Baker-Ventura  
CEO

Date: \_\_\_\_\_

Date: 5/20/02

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 3

DATE: July 27, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Older Adults Care Management

DO THEY TRAVEL?: yes

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

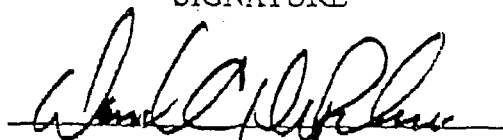
DUTIES (SPECIFIC): Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE



8-6-01

# CERTIFICATE OF INSURANCE

ISSUE DATE  
08/02/2001

**PRODUCER**

CALENDER-ROBINSON CO., INC.  
785 MARKET ST. #750  
SAN FRANCISCO, CA 94103  
(415) 978-3800  
FAX (415) 978-3825

Cert# 1942

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**

**COMPANY**

A NEW HAMPSHIRE INSURANCE CO.

**COMPANY**

B NATIONAL UNION FIRE INS. CO.

**COMPANY**

C

**COMPANY**

D

**INSURED**

OLDER ADULT CARE MANAGEMENT

260 SHERIDAN AVENUE #440  
PALO ALTO, CA 94306

**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
A	<b>GENERAL LIABILITY</b>	CDO 266-45-70	MAY 30 01	MAY 30 02	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE(Any One Fire) \$ 50,000
					MED. EXPENSE(Any One Person) \$ 5,000
A	<b>AUTOMOBILE LIABILITY</b>	CDO 265-45-70	MAY 30 01	MAY 30 02	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
B	<b>OTHER</b>	HHA 1939879	MAY 30 01	5-30-02	\$ 1,000,000 EACH CLAIM \$ 3,000,000 AGGREGATE
	<b>PROFESSIONAL LIABILITY</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES DIVISION  
225 W. 37TH AVENUE  
SAN MATEO, CA 94403

ATTN: MARIA GONZALES 650-573-3729

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.

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM

AUTHORIZED REPRESENTATIVE

*Maria Gonzales*

# CERTIFICATE OF INSURANCE

ISSUE DATE  
05/31/2002

**PRODUCER**  
 CALENDER-ROBINSON CO., INC.  
 785 MARKET ST. #750  
 SAN FRANCISCO, CA 94103  
 (415) 978-3800  
 FAX (415) 978-3825

Cert# 18609

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**

COMPANY  
 A NEW HAMPSHIRE INSURANCE CO.

COMPANY  
 B NATIONAL UNION FIRE INSURANCE CO.

COMPANY  
 C

COMPANY  
 D

**INSURED**  
 OLDER ADULT CARE MANAGEMENT

3335 BIRCH STREET  
 PALO ALTO, CA 94306

**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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	LX 6342534-01	MAY 30 02	MAY 30 03	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS-COMP/OP AGG. \$ 1,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE(Any One Fire) \$ 50,000				
	MED. EXPENSE(Any One Person) \$ 5,000				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LX 6342534-01	MAY 30 02	MAY 30 03	COMBINED SINGLE LIMIT \$ 1,000,000
	BODILY INJURY (Per Person) \$				
	BODILY INJURY (Per Accident) \$				
	PROPERTY DAMAGE \$				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY:				
	EACH ACCIDENT \$				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	AGGREGATE \$				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS
	EACH ACCIDENT \$				
	DISEASE-POLICY LIMIT \$				
	DISEASE-EACH EMPLOYEE \$				
B	<b>OTHER</b> PROFESSIONAL LIABILITY COVERAGE	HHA 6914791(03)	MAY 30 02	MAY 30 03	\$ 1,000,000 EACH CLAIM \$ 3,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
 COUNTY OF SAN MATEO  
 5 37TH AVNUE  
 ATN: MARIA GONZALES  
 SAN MATEO, CA 94403

FAX 650-573-3729

**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.

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM.

AUTHORIZED REPRESENTATIVE

*Nathaniel Berlin*

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-02

POLICY NUMBER: 761-02 UNIT 000050  
CERTIFICATE EXPIRES: 01-01-03

AGING & ADULT SERVICES MSSP PROGRAM  
ATTN: DOREEN MILLER  
225 W 27TH AVE.  
SAN MATEO CA 94403

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

*Kenneth C. Bollier*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

OLDER ADULTS CARE MANAGEMENT  
3335 BIRCH ST  
PALO ALTO CA 94306

OLDER ADULTS CARE MANAGEMENT, INC

# CERTIFICATE OF INSURANCE

ISSUE DATE  
07/31/2001

**PRODUCER**  
CALENDER-ROBINSON CO., INC.  
785 MARKET ST. #750  
SAN FRANCISCO, CA 94103  
(415) 978-3800  
FAX (415) 978-3825

Cert# 1942

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**COMPANIES AFFORDING COVERAGE**

COMPANY  
A NEW HAMPSHIRE INSURANCE CO.

COMPANY  
B NATIONAL UNION FIRE INS. CO.

COMPANY  
C

COMPANY  
D

**INSURED**  
OLDER ADULT CARE MANAGEMENT

260 SHERIDAN AVENUE #440  
PALO ALTO, CA 94306

**COVERAGES**

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	CDO 266-45-70	MAY 30 01	MAY 30 02	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS-COMP/OP AGG. \$ 1,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE(Any One Fire) \$ 50,000				
	MED. EXPENSE(Any One Person) \$ 5,000				
	COMBINED SINGLE LIMIT \$				
	<b>AUTOMOBILE LIABILITY</b> <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				BODILY INJURY (Per Person) \$
					BODILY INJURY (Per Accident) \$
					PROPERTY DAMAGE \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
B	<b>OTHER</b> PROFESSIONAL LIABILITY	HHA 1939879	MAY 30 01	5-30-02	\$ 1,000,000 EACH CLAIM \$ 3,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES DIVISION  
225 W. 37TH AVENUE  
SAN MATEO, CA 94403

ATTN: MARIA GONZALES 650-573-3729

**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.

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM

AUTHORIZED REPRESENTATIVE

*Maria Gonzales*

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

MARCH 7, 2002

POLICY NUMBER: 761-02 UNIT 0000310  
CERTIFICATE EXPIRES: 1-1-03

AGING & ADULT SERVICES MSSP PROGRAM  
ATTN: DOREEN MILLER  
225 W 27TH AVE  
SAN MATEO CA 94403

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

*Tom Hansen*  
AUTHORIZED REPRESENTATIVE

*Kc Bollier*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

OLDER ADULTS CARE MANAGEMENT, INC  
3335 BIRCH STREET  
PALO ALTO CA 94306



COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Shanks*  
~~Marie 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 Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills-Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *JUNE 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]* *[Date]*  
DEPUTY COUNTY COUNSEL DATE

AMENDMENT NO. 2 TO AGREEMENT WITH  
RAINBOW HOME CARE SERVICES

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and RAINBOW HOME CARE SERVICES (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To Schedule A - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

RAINBOW HOME CARE SERVICES

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

By:  \_\_\_\_\_

Date: \_\_\_\_\_

Date: 7/18/2002 \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

Number of pages faxed 3

DATE: July 27, 2001  
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163  
FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Rainbow Home Care Services

DO THEY TRAVEL?: yes

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

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

7-29-01

**CERTIFICATE OF INSURANCE**

Date (mm/dd/yy)

12/01/00

Producer: (510) 222-8643  
**GALEN HAYES INSURANCE AGENCY**  
 3550 SAN PABLO DAM ROAD # C  
 EL SOBRANTE, CA 94803

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**

Company A	SCOTTSDALE INSURANCE COMPANY
Company B	
Company C	
Company D	

Insured: RAINB01-EGC  
**DAVID ZINK**  
 RAINBOW HOME CARE  
 62 LLOYD STREET  
 SAN FRANCISCO CA 94117

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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	POLICY EXPIRATION DATE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liab <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Cont Protective	OPS0003270	11/16/00	11/16/01	General Aggregate \$ 1,000,000
					Products-Comp Ops Add \$ 1,000,000
					Personal & Adv Injury \$ 1,000,000
					Each Occurrence \$ 1,000,000
					Fire Damage (any 1 fire) \$ 100,000
					Med Exp (any one person) \$ 1,000
	<b>AUTOMOBILE LIABILITY</b> <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 \$
					Bodily Injury (per person) \$
					Bodily Injury (per accident) \$
					Property Damage \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident \$
					Other Than Auto Only \$
					Each Accident \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$
					Aggregate \$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> The Proprietor/Partners/Executive Officers are: <input type="checkbox"/> Incl <input type="checkbox"/> Excl				Statutory Limit Other \$
					EL Each Accident \$
					EL Disease-Policy Limit \$
					EL Disease-Ea Employee \$
A	<b>PROFESSIONAL LIAB</b>	OPS0003270	11/16/00	11/16/01	\$1,000,000. \$500. DED. PER CLAIM

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

DEPT. OF HEALTH SERVICES BOARD OF SUPERVISORS COUNTY OF SAN MATEO & THEIR OFFICERS, AGENTS, EMPLOYEES AND OTHERS ARE NAMED AS CERTIFICATE HOLDER.

**CERTIFICATE HOLDER**

**CANCELLATION**

DEPT. OF HEALTH SERVICES  
 BOARD OF SUPERVISORS COUNTY  
 OF SAN MATEO.  
 62 LLOYD STREET  
 SAN FRANCISCO, CA 94117-3219

003  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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  
*Galen Hayes*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

Date Issued: 02/05/02

Producer (510) 222-6643  
 BEN HAYES INSURANCE AGENCY  
 10 SAN PABLO DAM ROAD # C  
 EL SOBRANTE, CA 94803

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

Company A	SCOTTSDALE INSURANCE COMPANY
Company B	
Company C	
Company D	

Insured RAINB01-HGJ  
 DAVID ZINK  
 RAINBOW HOME CARE  
 62 LLOYD STREET  
 SAN FRANCISCO CA 94117

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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.

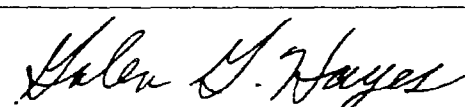
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractor's Protective	CLS0807462	11/16/01	11/16/02	General Aggregate \$ 1,000,000 Products-Completed Ops Agg \$ 1,000,000 Personal & Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (any 1 fire) \$ 100,000 Medical Expense (any one person) \$ 1,000
	<b>AUTOMOBILE LIABILITY</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos				Combined Single Limit \$ Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$
	<b>GARAGE LIABILITY</b> Any Auto				Auto Only - Each Accident \$ Other Than Auto Only \$ Each Accident \$ Aggregate \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$ Aggregate \$
	<b>WORKERS' COMPENSATION &amp; EMPLOYERS' LIABILITY</b> The Proprietor/Partners/Executive Officers are: <input type="checkbox"/> Incl <input type="checkbox"/> Exc!				Statutory Limit Other \$ EL Each Accident \$ EL Disease-Policy Limit \$ EL Disease-Ea Employee \$
A	<b>OTHER</b> <b>PROFESSIONAL LIABILITY</b>	CPS0471576	11/16/01	11/16/02	\$1,000,000. \$500. DED. PER CLAIM

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 DEPT. OF HEALTH SERVICES BOARD OF SUPERVISORS COUNTY OF SAN MATEO & THEIR OFFICERS, AGENTS, EMPLOYEES AND OTHERS ARE NAMED AS CERTIFICATE HOLDER.

### CERTIFICATE HOLDER

### CANCELLATION

DEPT. OF HEALTH SERVICES  
 BOARD OF SUPERVISORS COUNTY  
 OF SAN MATEO.  
 225 37TH AVENUE ROOM 140  
 SAN MATEO, CA 94403  
 ATTN: MARIA GONSALEZ

003  
 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  


## HEFFERNAN GROUP

1350 Cariback Ave. Suite 200  
P.O. Box 5608  
Walnut Creek, CA 94596  
Phone Number: 925-934-8500  
Fax Number: 925-934-8278  
License #0564249



### *FAX TRANSMITTAL*

- Date: January 8, 2002
- To: Rainbow Home Care
- Attn: David Zink
- Fax#: 415-621-4266
- Regarding: Workers Compensation Insurance
- From: LuAnn Watkins
- Total # of Pages: 2

#### COMMENTS:

Thank you for choosing Heffernan Group and our Home Health Worker's Compensation Program!

We are faxing you a binder confirming coverage is bound. The binder is temporary proof of coverage until your policy arrives; the policy dates are actually 12/31/01 to 12/31/02. Please remit the deposit premium immediately, payable to State Fund, in the amount of \$7,255. The insurance company needs the payment by this Thursday 1/10 to continue insuring your company.

A claims kit and billing instructions will follow in the next few days. In the meantime, should you have questions or require further assistance, please contact us.

If this fax is incomplete or difficult to read, please call 925-934-8500. The information contained in this facsimile transmission is legally privileged and confidential, intended only for the addressee. Any use, review, dissemination, distribution or copying of this transmission by anyone other than the addressee is strictly prohibited and is not a waiver of any applicable privilege against disclosure. If you have received this transmission in error, please contact the above and immediately return the original to Heffernan Group.

To: Maria 650-573-3729

MAY 31 2002 12:16 PM

HEFFERNAN GROUP

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

OP 10 TO DATE (MM/DD/YY)  
 MAIN-10 05/31/02

**PRODUCER**  
 (WC) Heffernan Insurance Bktrs  
 1350 Carlback Ave, Suite 200  
 Walnut Creek CA 94596  
 Phone: 925-934-8500 Fax: 925-934-8278

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**  
 Rainbow Home Care  
 David Zink  
 62 Lloyd St.  
 San Francisco CA 94117

INSURER A: State Fund  
 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
	<input type="checkbox"/> 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"/> PROJ <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTE - COMP/OP AGG \$
	<input type="checkbox"/> 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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7000031101	12/31/01	12/31/02	<input checked="" type="checkbox"/> WC STATE TORY LIMITS PER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

NOTICE OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 sept 10-day notice of cancellation for non-payment of premium

CERTIFICATE HOLDER  ADDITIONAL INSURED  INSURER LETTER:

**CANCELLATION**  
 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

FOR EVIDENCE OF INSURANCE



COUNTY OF SAN MATEO  
AGING AND ADULT SERVICES  
MEMORANDUM

CONTRACT APPROVAL FORM

TO: *Marie Sharks*  
~~Marie Gonzalez~~ - 573-3495, FAX 573-3729, PONY - AAS 321

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

SUBJECT: Approval of Amendment 1, Board Memo and Resolution for:  
  
Catholic Charities of San Francisco, Mills Peninsula Senior Focus,  
Peninsula Volunteers/Rosener House, and City of South San Francisco  
Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / *JUNE 7, 2002*

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120,000 for fiscal year 2002-03 from Multipurpose Senior Services Program

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

APPROVED BY: *[Signature]* *6/10/02*  
DEPUTY COUNTY COUNSEL DATE