

AGREEMENT WITH ARGENT HEALTHCARE  
FOR THIRD-PARTY PAYMENT SERVICES

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2002, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and ARGENT HEALTHCARE, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Department of Hospital and Clinics, and

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

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

1. Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Chief Executive Officer of Hospital and Clinics, or her designee, with respect to the product or result of Contractor's services, shall provide third-party payment sources as described in Schedule A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed THREE HUNDRED THOUSAND DOLLARS (\$300,000) for the contract term.

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

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

3. Relationship of Parties

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

4. Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings

under this Agreement, or (D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County, its officers, agents, employees, or servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

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

5. Insurance

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

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

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

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

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

Such insurance shall include:

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

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

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

6. Non-Discrimination

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

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

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

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

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

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

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within thirty (30) days of such filing, provided that within such thirty (30) days such entity has not notified Contractor that such charges

are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of its response to the complaint when filed.

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

7. Assignments and Subcontracts

A. Without the written consent of the Chief Executive Officer of Hospital and Clinics or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Chief Executive Officer of Hospital and Clinics or her designee is a breach of this Agreement and shall automatically terminate this Agreement.

B. Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Chief Executive Officer of Hospital and Clinics or her designee.

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

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

8. Amendment of Agreement

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

9. Records

A. Contractor agrees to provide to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant federal, state, and local

statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

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

10. Compliance with Applicable Laws

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

11. Interpretation and Enforcement

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

- 1) In the case of County, to:  
San Mateo County  
Division of Hospital and Clinics  
222 39th Avenue  
San Mateo, CA 94403

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

- 2) In the case of Contractor, to:  
Argent Healthcare  
1670 South Amphlett Boulevard  
San Mateo, CA 94402-9704

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

12. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from January 1, 2002 through December 31, 2002. This Agreement may be terminated by Contractor, Chief Executive Officer of Hospital and Clinics or her designee at any time upon thirty (30) days' written notice to the other party.

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

COUNTY OF SAN MATEO

ARGENT HEALTHCARE

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

By: Deborah Cruz-Suel

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

Date: 6/6/02

ATTEST:

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

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



Attachment I

Assurance of Compliance with Section 504 of the  
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a.  employs fewer than 15 persons.
- b.  employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Finau Furniss

Name of 504 Person - Type or Print

Argent Healthcare

Name of Contractor(s) - Type or Print

1670 South Amphlett Boulevard

Street Address or PO Box

San Mateo

City

CA

State

94402-9704

Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

6/15/02

Date

Monica Aug-Sorel Vice President

Signature and Title of Authorized Official

\*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

## SCHEDULE A

### SERVICES

In consideration of the payments set forth in Schedule B, Contractor shall perform the following services:

- A. County shall refer to Contractor those uncompensated cases when:
  - 1. The patient is program linked yet discharged prior to programming; or
  - 2. The patient is considered likely to be non-compliant and/or unable to comply with program requirements; or
  - 3. When the patient is deemed disabled and qualified for SSI Disability Medi-Cal.
- B. County shall refer to Contractor, on an as needed basis, Treatment Authorization Request (TAR) denials or Utilization Review denials.
- C. Contractor shall also, at County's request, pursue Medi-Cal eligibility for County's medically indigent patients who, through delegated transfer, receive program eligible services from other referred providers. Delegated transfers are those cases when medically indigent, Medi-Cal linked, County residents' medical needs cannot be met at County and require the services of another hospital and/or provider. Contractor shall provide separate account numbers and billings for delegated transfers.
- D. County shall provide the following documentation to the Contractor:
  - 1. Admission Face Sheet (demographic data)
  - 2. Hospital bill (when discharged)
  - 3. File notes when pertinent
  - 4. Executed "authorized representative" form, when available.
- E. County shall designate a liaison who will have authority to refer and recall accounts to Contractor and to communicate with Contractor on the status of all accounts.

- F. On-Site Review: Contractor's staff will be on-site at least three (3) days per week on Monday, Wednesday and Friday. Time will be determined by SMCGH staff. If necessary, agency staff will come to hospital on an emergency basis to initiate Medi-Cal applications.
- G. Cancellation: Accounts may be cancelled by SMCGH within fifteen (15) days of referral for any reason without a fee being charged.

H. Account Distribution:

Accounts with admit dates on or after July 1, 1994, will be distributed to Contractor.

I. Contractor shall offer the following services for said accounts:

- 1. Medi-Cal Eligibility: Shall include application data intake, filing of application, document verifications and follow-up to the extent necessary to obtain proof of eligibility or a "notice of denial" from the appropriate Social Services agency.

Contractor shall perform Medi-Cal administrative activities as an agent for the County to improve the availability, accessibility, coordination and appropriate utilization of preventive and remedial health care resources to Medi-Cal eligible individuals, and their families. The activities performed by Contractor encompass Medi-Cal eligibility determination.

Examples of activities which are considered to be part of Medi-Cal eligibility determination are:

- o Collecting information that is needed for the eligibility determination, such as verification of the person's resources, social security number, citizenship and earned and unearned income;
- o Referring individuals to other Federal and State programs;
- o Assisting individuals in filling out and processing eligibility forms for Medi-Cal and other Federal and State programs;

- o Assisting in collecting information for the annual redetermination of eligibility;
  - o Assisting in reviewing and updating forms each time an individual's circumstances change;
  - o Completing the paperwork necessary to perform the above activities;
  - o Traveling related to the above activities.
2. Victim of Crime: Contractor shall assist in identifying Victim of Crime accounts, locating and assisting patients in completing all of the appropriate applications, obtaining all verifications required for payment, following up with the County Victim Witness Program and the State Board of Control, including but not limited to initiating all administrative appeals.
  3. Workers' Compensation: Contractor shall provide all of the necessary claim and lien submissions, lien follow-up administrative hearing support, and appeals necessary to adjudicate the claim.
  4. Third Party Liability: Contractor shall assist in identifying all third party sources, file the appropriate liens and follow-up as necessary to adjudicate the claim.
  5. Treatment Authorization Request (TAR) Denial Appeals: Contractor shall review all denied TARs for accounts recovered by Contractor, for consideration of appeal for wrongful denial; prepare and file all appeal documents and process the appeal. If the appeal is denied, Contractor shall initiate legal action if appropriate to pursue approval.
  6. Utilization Review Denials: Contractor shall appeal denials to appropriate agency and pursue to the extent that an appeal decision is rendered.
  7. Contractor shall comply with State Department of Health Services (DHS) regulations and policies regarding Medi-Cal Administrative Activities as outlined in the Agreement between DHS and local government agency, namely County.

SCHEDULE B

PAYMENTS

In consideration of the services described in Schedule A, Contractor shall be reimbursed as follows:

A. Fee Structure

1. Medi-Cal Eligibility
  - a. Inpatient
    - o In-house rate An amount equal to 15% of recovery amount
    - o Discharged rate An amount equal to 21% of recovery amount
    - o Eligibility Prior to Referral No Fee
    - o Administrative Fair Hearings An amount equal to 25% of recovery amount
    - o Readmission within rate 60 days of initial referral An amount equal to 19% of recovery rate
  - b. Outpatient (over \$1,500 Medi-Cal reimbursement) 25%
  - c. Long Term Care \$450 per case
2. Victim of Crime 21% of recovery amount
3. Workers' Compensation 15% of recovery amount (no appeals board)  
20% of recovery amount (appeals board)
4. Third Party Liability 20% of recovery amount
5. Mental Health Referrals 25% of \$320 per diem (LOS > 3 days)

B. Contractor shall provide the following services at no charge to the County:

1. In House Collection Training Workshops: These periodic workshops are intended to train all new County's Business Office and Admitting personnel, as well as update all existing personnel on the collection of delinquent patient accounts receivable, including CCS and Medi-Cal laws. Up to ten (10) hours of workshops are provided for free.
2. Telephone Hot Line: County staff shall have access to Contractor's attorneys and health care consultants for answers to any questions impacting on County's accounts receivable via Contractor's telephone "hot line" system.

C. On a quarterly basis, County shall submit copies of Contractor's invoices to the State Department of Health Services for reimbursement under Section 14132.44 of the Welfare and Institutions Code (SB910).

Contractor shall ensure that the appropriate audit trail exists by retaining all appropriate records and documents for a minimum period of three (3) years and until any audits of that period are finalized.

## SCHEDULE C

Contract between County of San Mateo and Argent Healthcare hereinafter called "Contractor."

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

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Argent Healthcare  
Contact Person: Dorothy Cruz-Sorel  
Address: 3800 N Central Ave Suite 1000  
Phoenix AZ 85022  
Phone Number: (602-468-4812) Fax Number: 602-468-4850

II Employees

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

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

III Equal Benefits Compliance (Check one)

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

IV Declaration

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

Executed this 5<sup>th</sup> day of June, 2002 at Phoenix, AZ  
(City) (State)

Dorothy Cruz-Sorel  
Signature

Dorothy Cruz-Sorel  
Name (Please Print)

Vice President  
Title

36-4325052  
Contractor Tax Identification Number



COUNTY OF SAN MATEO

HEATH SERVICES  
Hospital and Clinics Division

MEMORANDUM

Date: May 29, 2002  
To: Priscilla Morse, Risk Management/ Pony # EPS 163 Fax # 363-4864  
From: Tere Larcina, Hospital and Clinics/Pony # HOS316/Fax # 2267  
Subject: Contract Insurance Approval

CONTRACTOR: Argent Health Care

DO THEY TRAVEL: No.

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: More than one.

DUTIES (SPECIFIC): Contractor shall provide third-party payments sources as described in Schedule A.

<u>COVERAGE:</u>	Amount	Approve	Waive	Modify
Comprehensive Liability:	<u>\$1,000,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability:	w <u>        </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability:	w <u>        </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation:	<u>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

  
SIGNATURE

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY)  
06/05/02

**PRODUCER**  
Aon Risk Services, Inc. of Illinois  
200 East Randolph  
Chicago IL 60601

**PHONE** -(312) 381-4000      **FAX** -

**INSURED**  
Argent Healthcare Financial Services  
3500 West Peterson  
Chicago IL 60659 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 RELIED UPON BY THE COMPANIES AFFORDING COVERAGE.**

**COMPANY A** Continental Casualty Company

**COMPANY B**

**COMPANY C**

**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
A	<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	C2054438313	10/01/01	10/01/02	GENERAL AGGREGATE \$2,000 PRODUCTS - COMP/OP AGG \$2,000 PERSONAL & ADV INJURY \$1,000 EACH OCCURRENCE \$1,000 FIRE DAMAGE (Any one fire) \$100 MED EXP (Any one person) \$10
	<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 AGGREGATE
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 2054438392 Argent Master WC	10/01/01	10/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000 EL DISEASE-POLICY LIMIT \$1,000 EL DISEASE-EA EMPLOYEE \$1,000

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

Re: San Mateo County Health Center is included as additional insured with respects to the General Liability policy.

**CERTIFICATE HOLDER**

San Mateo County Health Center  
222 W. 39th Ave  
San Mateo CA 94403 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

*Eric A. Petrucci*