

SECOND AMENDMENT TO THE AGREEMENT WITH  
JEFFERSON UNION HIGH SCHOOL DISTRICT

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and JEFFERSON UNION HIGH SCHOOL DISTRICT (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on February 13<sup>th</sup>, 2000, the parties hereto entered into an Agreement (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, on June 25, 2002, the parties amended that Agreement (hereinafter referred to as the "Original Amendment") 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 the Original Amendment;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Amendment be further amended as follows:

"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 FIVE HUNDRED THIRTY TWO HUNDRED FORTY-EIGHT DOLLARS (\$530,248) for the contract term."

SCHEDULE A  
SECOND AMENDMENT

JEFFERSON UNION HIGH SCHOOL DISTRICT: DALY CITY  
YOUTH HEALTH CENTER: 2000-03

"II. PREVENTION OF REPEAT OFFENDERS PROGRAM (PROP)

The term for these services shall be July 1, 2000, through November 30, 2002."

"V. HEALTH CARE FOR AT-RISK AND/OR HOMELESS TEENS SERVICES (HCH)

C. The term for these services shall be July 1, 2000, through October 31, 2002."

SCHEDULE B  
SECOND AMENDMENT

JEFFERSON UNION HIGH SCHOOL DISTRICT: DALY CITY  
YOUTH HEALTH CENTER: 2000-2003

"I. MENTAL HEALTH PROGRAM SERVICES

In full consideration of the services provided by Contractor and subject to the provisions of paragraph 2A of this Agreement, County shall pay Contractor in the manner described below:

A. Mental Health Services – System of Care (MHS-SOC/DCYHC)

1. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-THREE THOUSAND SIX HUNDRED DOLLARS (\$63,600) for services provided under this Agreement for the period of July 1, 2000 through June 30, 2001. Payment by County to Contractor shall be quarterly. County shall pay Contractor at a rate of FIFTEEN THOUSAND NINE HUNDRED DOLLARS (\$15,900) per quarter. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of the following month for the preceding quarter.
2. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-NINE THOUSAND NINE HUNDRED SIXTY DOLLARS (\$69,960) for

services provided under this Agreement for the period of July 1, 2001 through June 30, 2002. Payment by County to Contractor shall be quarterly at the rate of SEVENTEEN THOUSAND FOUR HUNDRED NINETY DOLLARS (\$17,490) per quarter.

3. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-ONE THOUSAND TWO HUNDRED THIRTY-THREE DOLLARS (\$61,233) for services provided under this Agreement for the period of July 1, 2002 through June 30, 2003. Payment by County to Contractor shall be quarterly at the rate of SEVENTEEN THOUSAND FOUR HUNDRED NINETY DOLLARS (\$17,490) for the first quarter, SIXTEEN THOUSAND TWO HUNDRED FORTY-THREE DOLLARS (\$16,243) for the second quarter and THIRTEEN THOUSAND SEVEN HUNDRED FIFTY DOLLARS (\$13,750) for the third and fourth quarters.
4. Contract maximum for the period 2000-03 shall not exceed ONE HUNDRED NINETY-FOUR THOUSAND SEVEN HUNDRED NINETY-THREE DOLLARS (\$194,793) subject to Schedule B, I.E.

B. Prevention of Repeat Offenders Program (PROP)

1. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of THIRTY-SEVEN THOUSAND ONE HUNDRED DOLLARS (\$37,100) for services provided under this Agreement for the period July 1, 2000 through June 30, 2001. Payment to Contractor shall be quarterly. County shall pay Contractor at the rate of NINE THOUSAND TWO HUNDRED SEVENTY-FIVE DOLLARS (\$9,275) per quarter. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of the following month for the preceding quarter.
2. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of FORTY THOUSAND EIGHT HUNDRED TEN DOLLARS (\$40,810) for services provided under this Agreement for the period of July 1, 2001, through June 30, 2002. Payment to Contractor shall be quarterly at the rate of TEN THOUSAND TWO HUNDRED TWO DOLLARS AND FIFTY CENTS (\$10,202.50) per quarter.
3. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SEVENTEEN THOUSAND FOUR DOLLARS (\$17,004) for services provided under this Agreement for the period of July 1, 2002, through November 30, 2002. Payment to Contractor shall be quarterly at the rate of TEN THOUSAND TWO HUNDRED THREE DOLLARS (\$10,203) for the

first quarter and SIX THOUSAND EIGHT HUNDRED ONE DOLLARS (\$6,801) for the months of October and November 2002.

4. Contract maximum for the period 2000-03 shall not exceed NINETY-FOUR THOUSAND NINE HUNDRED FOURTEEN DOLLARS (\$94,914), subject to Schedule B, I.E.”

“C. Mental Health Services (authorized by MHP)

A. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-FIVE THOUSAND DOLLARS (\$65,000) for services provided under this Agreement for the period July 1, 2000, through June 30, 2003. Maximum payment for FY 2002-03 shall be \$15,000.”

## II. HEALTH CARE FOR AT-RISK AND/OR HOMELESS TEENS PAYMENTS

- “ E. Subject to Paragraph 2.A. of this Agreement total obligations pursuant to this Agreement for Health Care Services for At-Risk and/or Homeless Teens are payable in monthly installments of SIX THOUSAND TWO HUNDRED SIXTY-NINE DOLLARS THIRTY-THREE CENTS (\$6,269.33), which shall not exceed SEVENTY-FIVE THOUSAND TWO HUNDRED THIRTY-TWO DOLLARS NO CENTS (\$75,232.00) fiscal years 2000-01 and 2001-02. For fiscal year 2002-03, payments in monthly installments of SIX THOUSAND TWO HUNDRED SIXTY-NINE DOLLARS THIRTY-THREE CENTS (\$6,269.33) will be made July 1, 2002 through October 31, 2002.

The contract maximum for the period July 1, 2000 through October 31, 2002 shall not exceed ONE HUNDRED SEVENTY-FIVE THOUSAND FIVE HUNDRED FORTY-ONE DOLLARS (\$175,541) for the term of this Agreement.”

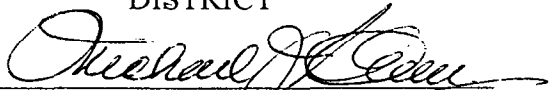
NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the February 13, 2000 Agreement with Jefferson Union High School District, be amended accordingly.

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

JEFFERSON UNION HIGH SCHOOL  
DISTRICT

By: \_\_\_\_\_  
Rose Jacobs Gibson, President  
Board of Supervisors, San Mateo County

By:   
Michael J. Crilly, Superintendent

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

Date: December 26, 2002

ATTEST:

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

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

" SCHEDULE C

Contract between County of San Mateo and Jefferson Union High School District 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: Jefferson Union High School District
Contact Person: Barbara Raboy
Address: 2780 Junipero Serra Blvd.
Daly City, CA 94015
Phone Number: (650) 991-2240 Fax Number: (650) 991-7498

II Employees

Does the Contractor have any employees? [checked] Yes \_\_\_ No

Does the Contractor provide benefits to spouses of employees? [checked] 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)

- [checked] 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 19th day of March, 2002 at Daly City, CA (City) (State)

[Signature]
Signature

Michael J. Crilly
Name (Please Print)

Superintendent
Title

94-3083772
Contractor Tax Identification Number

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

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.

Ronald MC Entire

Name of 504 Person - Type or Print

Jefferson Union High School District

Name of Contractor(s) - Type or Print

2780 Junipero Serra

Street Address or PO Box

Daly City

City

CA

State

94015

Zip Code

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

November 12, 2002

Date

Ronald M. Entire

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.



BOARD AGENDA ROUTING SLIP

DIVISION: Mental Health  
 SUBJECT: Jefferson Union HS District Amendment #2  
 FILE NAME: SVSMCHSA1C/HEALTH CONTRACTS/  
 CONTENT SERVICES NUMBER: \_\_\_\_\_  
 PROGRAM MANAGER: Debbie Tolson  
 CONTRACT ADMINISTRATOR: Carly Fairfull

1. Review by Division Director  
 Comments: To DT 10/4/02 To DT 10/8  
To JK 10/7/02 OK To JK 10/8  
To LC 10/7/02 see notes 10/8/02  
 \_\_\_\_\_  
 Initials-Date
2. Review by Division Fiscal Officer  
 Comments: To JW 10/4/02  
 \_\_\_\_\_  
 Initials-Date 10/8/02
3. Review by Risk Management  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Initials-Date
4. Review by County Counsel  
 Comments: To PF 10/4/02  
Other: John Beiers 10/17/02  
 \_\_\_\_\_  
 Initials-Date
4. Copies of agreement and resolution made by division  
 \_\_\_\_\_  
 Initials-Date
5. Review by Health Services Administration Analyst  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Initials-Date
6. Review by Health Services Administration Deputy Director  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Initials-Date
7. ATR Approval by Finance Director  
 \_\_\_\_\_  
 Initials-Date
8. Review and Signature by Margaret Taylor  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Initials-Date

Date Received by Health Services Administration: \_\_\_\_\_  
 Date sent to County Manager: \_\_\_\_\_

BOARD AGENDA ROUTING SLIP

DIVISION: Mental Health  
 SUBJECT: Jefferson Union HS District Amendment #2  
 FILE NAME: SYSMCHSAIC/HEALTH CONTRACTS/  
 CONTENT SERVICES NUMBER: \_\_\_\_\_  
 PROGRAM MANAGER: Debbie Tolles  
 CONTRACT ADMINISTRATOR: Carly Fairfull

- 1. Review by Division Director  
 Comments: To DT 10/4/02  
 \_\_\_\_\_  
 Initials-Date
- 2. Review by Division Fiscal Officer  
 Comments: To JW 10/4/02  
 \_\_\_\_\_  
 Initials-Date
- 3. Review by Risk Management  
 Comments:  
 \_\_\_\_\_  
 Initials-Date
- 4. Review by County Counsel  
 Comments: To PF 10/4/02  
pf 10/7/02  
 Initials-Date
- 4. Copies of agreement and resolution made by  
 division  
 \_\_\_\_\_  
 Initials-Date
- 5. Review by Health Services Administration Analyst  
 Comments:  
 \_\_\_\_\_  
 Initials-Date
- 6. Review by Health Services Administration  
 Deputy Director  
 Comments:  
 \_\_\_\_\_  
 Initials-Date
- 7. ATR Approval by Finance Director  
 \_\_\_\_\_  
 Initials-Date
- 8. Review and Signature by Margaret Taylor  
 Comments:  
 \_\_\_\_\_  
 Initials-Date

Date Received by Health Services Administration: \_\_\_\_\_  
 Date sent to County Manager: \_\_\_\_\_

COUNTY OF SAN MATEO  
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: November 20, 2002

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: Caryl Fairfull, Mental Health Services/PONY #MLH 322

CONTRACTOR: Jefferson Union High School District

DO THEY TRAVEL: No

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: No

DUTIES (SPECIFIC):

COVERAGE:

Comprehensive General Liability:	\$1,000,000
Motor Vehicle Liability:	\$1,000,000
Professional Liability:	\$1,000,000
Worker's Compensation:	<del>\$1,000,000</del> statutory

APPROVE   *[Signature]*   WAIVE \_\_\_\_\_ MODIFY \_\_\_\_\_

REMARKS/COMMENTS:

  *[Signature]*    
SIGNATURE

Nor Cal ReLiEF

**CERTIFICATE OF COVERAGE**

ISSUE DATE 07/03/03

**ADMINISTRATOR:**  
 KEENAN & ASSOCIATES  
 97 South 2nd Street, Suite 300  
 San Jose, CA 95113

LICENSE # 0451271

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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

**COVERED PARTY:**  
 SAN MATEO COUNTY SCHOOLS INSURANCE GROUP  
 Jefferson Union High School District  
 699 Serramonte Blvd., Suite 100  
 Daly City, CA 94015-3219

**ENTITIES AFFORDING COVERAGE**  
 ENTITY A Northern California  
 ReLiEF

ATTN: Cheryl Sanderson

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 BE REQUIRED. THE COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE / EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/>	NCR012005	07/01/02 07/01/03	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	NCR012005	07/01/02 07/01/03	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>PROPERTY</b> ALL RISK EXCLUDES EARTHQUAKE & FLOOD	NCR012005	07/01/02 07/01/03	\$200,000	\$ 100,000,000 EACH OCCURRENCE
A	<b>STUDENT PROFESSIONAL LIABILITY</b>	NCR012005	07/01/02 07/01/03	\$200,000	\$ Included EACH OCCURRENCE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL PROVISIONS:**  
 DALY CITY YOUTH HEALTH CENTER AGREEMENT.

**CERTIFICATE HOLDER:**

County of San Mateo/Health  
 Services Agency  
 225 West 39th Avenue  
 San Mateo, CA 94403

ATTN: Insurance Dept.

CANCELLATION ..... SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY 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 ENTITY/ISSUING AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/30/02

**PRODUCER**  
 Keenan & Associates  
 97 South 2nd Street, Suite 300  
 San Jose, CA 95113

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 BEING INSURED.

### INSURERS AFFORDING COVERAGE

**INSURED**  
 Jefferson Union High School District  
 699 Serramonte Blvd., Suite 100  
 Daly City, CA 94015-3219

INSURER A: ACE USA/Pacific Employers Ins. Co.  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE 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"/> PROJECT <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 \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WLRC43507801</b>	<b>07/01/02</b>	<b>07/01/03</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000 E.L. DISEASE - EA EMPLOYEE \$1,000 E.L. DISEASE - POLICY LIMIT \$1,000
	<b>OTHER</b>				

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

\*10 Days notice of cancellation for non-payment of premium applies.

**DALY CITY YOUTH HEALTH CENTER MENTAL HEALTH SERVICES AGREEMENT.**

### CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

County of San Mateo/Mental Health Services Division  
 225 West 37th Ave  
 San Mateo, CA 94403

*Handwritten signature/initials*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30\* NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER'S REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Handwritten signature*