

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I. Vendor Identification

Name of Contractor: Deloitte & Touche, LLP
Contact Person: Kevin Anderson, Director
Address: 400 Capitol Mall
Sacramento, CA 95814
Phone Number: 916-498-7108 Fax Number: (916) 930-3408

II. Employees

Does the Contractor have any employees? Yes No

Does the Contractor provide benefits to the 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 22 day of January, 2003, at Sacramento, CA
(city, state)

Ken Anderson
Signature
Director
Title

Kevin Anderson
Name (please print)
06-1454515
Contractor Tax Identification Number

PRODUCER
Marsh USA Inc.
4 Stamford Plaza
107 Elm Street
Stamford, CT 06902
Attn: (203) 964-2500

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

- COMPANY
A TRANSPORTATION INSURANCE CO
- COMPANY
B CONTINENTAL CASUALTY CO
- COMPANY
C TRANSCONTINENTAL INS CO
- COMPANY
D

INSURED
Deloitte & Touche USA LLP

10 Westport Road
P.O. Box 820
Wilton, CT 06897-0820

COVERAGES

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
A	GENERAL LIABILITY	GL 251924351	06/01/02	06/01/03	GENERAL AGGREGATE \$ 3,000,000
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GL 251924396 (Canada)	06/01/02	06/01/03	PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL 251924401 (Puerto Rico)	06/01/02	06/01/03	PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY	BUA 251924365 (A/S)	06/01/02	06/01/03	COMBINED SINGLE LIMIT \$ 1,000,000
B	<input checked="" type="checkbox"/> ANY AUTO	BUA 251924379 (PARTNERS TX)	06/01/02	06/01/03	BODILY INJURY (Per person) \$
B	<input type="checkbox"/> ALL OWNED AUTOS	BUA 251924382 (PHD A/S)	06/01/02	06/01/03	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	\$500 Deductible Comp/Coll			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 251924334	06/01/02	06/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1,000,000
	OTHER				EL DISEASE-POLICY LIMIT \$ 1,000,000
					EL DISEASE-EACH EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)
The County, its officers, agents, employees and servants have been added as additional insured on General Liability and Automobile Liability where required by written contract with the named insured.

CERTIFICATE HOLDER

County of San Mateo
Attn: Theresa Rabe
555 County Center, 1st Floor
Redwood City, CA 94063

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: John Laprey

MM1 (9/99)

VALID AS OF 06/18/02