

# AGREEMENT

# **BETWEEN**

# **COUNTY OF SAN MATEO**

# AND

# MAXIMUS, INC.

# For the period of February 1, 2003 through January 31, 2007

Contact Person: Marnita Garcia-Fulle Management Analyst (650) 802-7962

### Agreement with MAXIMUS, INC.

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and MAXIMUS, INC., hereinafter called "Contractor" for the purpose of providing revenue maximization services.

#### WITNESSETH:

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/Agency thereof; and

WHEREAS, County desires to increase its revenue by contracting with Contractor; and

WHEREAS, Contractor has a Master Services Agreement for Revenue Maximization Services with the State of California that was awarded May 18, 1998

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

The following exhibits are attached hereto and incorporated by reference therein.

### 1. <u>Exhibits</u>

Exhibit A	Description of Services
Exhibit B	Payment Schedule
Exhibit C	Program Monitoring
Exhibit D	Equal Benefits Compliance Declaration

### 2. <u>Services to be Performed</u>

In consideration of the payments hereinafter set forth in Exhibit B, attached hereto and incorporated by reference herein, Contractor, under the general direction of the Director of Human Services Agency, or her authorized representative, with respect to the product or result of Contractor's services, shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein.

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# 3. <u>Payments</u>

A. <u>Maximum Amount</u>. In full consideration of Contractor's performance of the services described in Exhibit A, the amount that the County shall be obligated to pay for services rendered under this Agreement shall not exceed \$125,000 and the administrative cost due to the use of the State Master Services Agreement shall not exceed \$5,000 for the contract term. The total Agreement obligation shall not exceed \$130,000.

B. <u>Rate of Payment</u>. The rate and terms of payment shall be as specified in Exhibit B. Any rate increase is subject to the approval of the Director of Human Services or her authorized representative, and shall not be binding on County unless so approved in writing. In no event may the rates established in Exhibit B be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 4A above. Each payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Director of Human Services or her representative.

C. <u>Time Limit for Submitting Invoices</u>. Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Exhibit 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.

D. <u>Availability of Funds.</u> Payment for all services provided pursuant to this contract are contingent upon the availability of County, State, and Federal funds. In the event the State or Federal government does not appropriate the necessary funds as part of either or both of their budgets, the County shall not be liable for any payment whatsoever; including, but not limited to, payments that are based on County funds. The County may terminate the agreement for unavailability of Federal, State or County funds.

# 4. <u>Relationship of Parties</u>

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 as, 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 Services Rules.

### 5. 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,

#### **Contractor Services**

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 whomever belonging; or (C) any other loss or cost, including but not limited to, 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 the 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.

### 6. Insurance

A. The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by the Director of Human Services and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Human Services Agency with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the 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 Human Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

(1) <u>Worker's Compensation and Employer's Liability Insurance.</u> The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the 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 requires every employer to be insured against liability for Worker's 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.

(2) <u>Liability Insurance</u>. The 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/her 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/herself or by any sub-contractor 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 be not less than the amount specified below.

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Such insurance shall include:

(a)	Comprehensive General Liability	\$ 1,000,000
(b)	Motor Vehicle Liability Insurance	\$ 1,000,000
(c)	Professional Liability	\$ 1,000,000

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, the County of San Mateo 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.

# 7. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described below:

### A. <u>Section 504 of the Rehabilitation Act of 1973</u>.

(1) Pursuant to Section 504 (Public Law 93-112), the Contractor agrees that no otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this contract.

(2) Compliance of Section 504 of the Rehabilitation Act of 1973, as amended, requires that all benefits, aids and services are made available to disabled persons on an equivalent basis with those received by non-disabled persons. Contractor shall agree to be in compliance with Section 504 requirements by 1) signing the Letter of Assurance, attached and incorporated herein as Exhibit C, or 2) by developing a plan for compliance to be submitted to the Section 504 Coordinator, Department of Health Services, as soon as possible but not later than by the end of the current Fiscal Year.

B. <u>Non-Discrimination - General</u>. No person shall, on the grounds of age (over 40), ancestry, creed, color, disability, marital status, medical conditions, national origin, political or religious affiliation, race, sex, sexual orientation or any non-job-related criteria be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Agreement.

C. <u>Non-Discrimination - Employment</u>. Contractor shall ensure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Agreement. Contractor's affirmative action policies shall be made available to County upon request.

#### **Contractor Services**

D. <u>Equal Benefits</u> 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

## 8. <u>Violation of the Non-Discrimination provisions</u>

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

i) termination of this Agreement;

ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;

iii) liquidated damages of \$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 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complaint, a copy of such complaint and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

# <sup>9.</sup> <u>Child Abuse Prevention and Reporting.</u>

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency. Contractor agrees to fully comply with the Child Abuse and Neglect Reporting Act, Cal Pen Code ' 11164 et seq. Contractor will ensure that all known or suspected instances of child abuse or neglect are reported to a an agency (police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department) described in Penal Code Section 11165.9. This responsibility shall include:

#### **Contractor Services**

A. A requirement that all employees, consultants, or agents performing services under this contract who are required by the Penal Code to report child abuse or neglect, sign a statement that he she knows of the reporting requirement and will comply with it.

B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under the Penal gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.

C. Contractor agrees that its employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract and who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal 11105.3) will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom Contractor's employees, subcontractors, assignees or volunteers have contact. All fingerprinting services will be at County's sole discretion and Contractor's sole expense.

## 10. Assignments and Subcontracts

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

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

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

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

### 11. <u>Records</u>

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 records relating to this Agreement in its possession of any third party performing work related to this Agreement for a period of three (3) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

# 12. <u>Compliance with Applicable Laws</u>

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, ordinances, regulations, including but not limited to appropriate licensure, certification regulations confidentiality requirements and applicable quality assurance regulations.

## 13. Monitoring

All services performed and payments made pursuant to this agreement shall be monitored according to the protocols set forth in Exhibit C, attached hereto and incorporated by reference herein.

### 14. <u>Alteration of Agreement</u>

This Agreement is entire and contains all the terms and conditions agreed upon by the parties. No alteration or variation 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.

## 15. 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:

- In the case of County, to: Marnita Garcia-Fulle County of San Mateo 400 Harbor Blvd, Building B Belmont, CA 94002 (650) 595-7962
- In the case of Contractor, to: Bob Fallon, President, Human Services MAXIMUS, INC.
   800 South Street Suite 400 Waltham, Massachusetts 02453

### B. <u>Controlling Law</u>

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.

### 16. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement for provisions of revenue maximization services the term of this Agreement shall be from February 1, 2003 through January 31, 2007. This Agreement may be terminated by Contractor, Director of Human Services 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

By:

Rose Jacobs Gibson, President Board of Supervisors, County of San Mateo

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

ATTEST:

Clerk of Said Board

Date:

MAXIMUS, INC:
L'IN DAVENPORT GENERAL MANAGES
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Aurel d'mart
Signature
Date: V FEB 3 2003

#### EXHIBIT A

### DESCRIPTION OF SERVICES MAXIMUS, INC February 1, 2003 through January 31, 2007

#### **Contractor's responsibilities:**

- 1. Complete a review of 100% of the Human Service Agency's Non Federally eligible outof-home placement cases, including County only cases, to see if cases can be converted to Title IV-E Eligibility.
- 2. For those out-of-home placement cases that can be converted to Title IV-E Eligibility, calculate the amount of new revenue due the County on a case specific basis going back 18 months and forward for the life of the case or the eligible fee period whichever is less. The result of this calculation shall be provided to the County in a clear and precise description of the financial impact, a description of the method used to determine the amount of new revenue due the County due to the Contractor's involvement, and a description of the Contractor's fee and the basis upon which it was established.
- 3. Calculate the value to the County of a higher IV-E eligibility rate on the County Quarterly Expense claim as a result of the cases converted. The result of this calculation shall be provided to the County in a clear and precise description of the financial impact, a description of the method used to determine the amount of new revenue due the County due to the Contractor's involvement, and a description of the Contractor's fee and the basis upon which it was established.
- 4. At its own expense, furnish all labor including technical, administrative, professional and other personnel, and all supplies, equipment, analysis and calculations, except for verification of invoices and except for those specified in this Agreement.

#### **County's responsibilities:**

1. The County will provide sufficient space in a department location that is close to County out-of-home placement eligibility and revenue personnel. The Contractor will have access to a phone, fax and copier. The phone, fax and copier may be used for the purposes of this Agreement.

### PAYMENT SCHEDULE MAXIMUS, INC February 1, 2003 through January 31, 2007

- 1. The County shall pay the Contractor a percentage of the net increase of the revenues received by the County for this initiative. The net increase in revenue will be exclusive of any state retained revenue gain that is not retained by the County. The time period for the percentage fee will begin with the filing of the initial claim for additional revenue for this initiative. The period for payment of the fee will continue for 48 months from the date of filing of the initial claim in accord with the following schedule:
  - Retroactive Payments: 10%
  - Year One: 10%
    Year Two: 9%
  - Year Three: 6%
  - Year Four: 4%
- 2. Payment will be computed separately and will be based on revenues realized by the County as a result of this initiative and for up to 48 months from the termination of this Agreement.
- 3. Contractor may identify revenues to which County may be entitled for periods prior to the execution date of this Agreement. Such retroactive claims shall be included in the net increased revenues defined above.
- 4. Contractor shall submit invoices quarterly, as applicable, and shall document the work performed and the net increase in revenue claimed and received by the County. In any event, the total payment for services of the Contractor shall not exceed \$125,000.
- 5. Contractor will collect the administrative cost due to the use of the State Master Services Agreement from the County and pay these funds to the state. The administrative cost shall not exceed \$5000 for the term of this Agreement.
- 6. In the event that the State or Federal Government asserts that a claim, submitted on behalf of the County by the Contractor or submitted by the County pursuant to the recommendations of the Contractor, is not in compliance with federal regulations, the Contractor will assist the County with all information and methodology used to develop the claim. If the claim is disallowed and the federal or state funds are returned the Contractor shall promptly reimburse the County, within sixty days, all fees paid that are attributable to the disallowance. The Contractor shall, if requested, provide the County with technical assistance necessary to contest the disallowance.
- 7. In the event that there is a cessation or reduction of federal funds that result in the cessation or reduction below the baseline of federal funds being generated as part of this initiative, the County will have no obligation to pay further fees for this initiative.

#### EXHIBIT C

### PROGRAM MONITORING MAXIMUS, INC. February 1, 2003 through January 31, 2007

- 1. The County will direct contract administration functions including receiving, reviewing and approving invoices, inspecting work products, helping the Contractor obtain timely information and decisions, and providing technical guidance as required.
- 2. The Contractor will present a monthly status report to the County that specifies the progress in completing the work plan for this initiative and the revenue generated.

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EXHIBIT D

### COUNTY OF SAN MATEO

### Equal Benefits Compliance Declaration Form

Vendor Identification						
Name of Contractor: Contact Person: Address:	Maximus INC. Maritza Brown 313 Pionecr					
Phone Number: Fax Number:	<u>Bodfish CA 93205</u>					
II Employees						
Does the Contractor ha	ave any employees? 🗙 Yes 🗆 No					
Does the Contractor pr	Does the Contractor provide benefits to spouses of employees? 📈 Yes 🗔 No					
*If the ans	wer to one or both of the above is no, please skip to Section IV.*					
III Equal Benefits Comp	liance (Check one)					
	r complies by offering equal benefits, as defined by Chapter 2.93, to its ouses and its employees with domestic partners.					

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 <u>5th</u> day of <u>Feb</u> 2007 at <u>Reston</u> <u>VA</u> (City) (State) Signature General Counsel & Secretary Title David R. Francis Name (Please Print)

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RISK MGMT.

#### SAN MATEO COUNTY MEMORANDUM

**DATE:** 2/10/03

TO:Priscilla Harris MorseFAX: 363-4864PONY: EPS 163FROM:Deborah Jaeger<br/>FAX: (650) 596-3478PONY: HSA210

#### SUBJECT: Contract Insurance Approval

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Maximus

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?: No

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: More than 1

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Revenue Maximization Services

#### The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	s 2 M	ľ		
Motor Vehicle Liability	s I M			
Professional Liability	<u>s</u> M			
Workers' Compensation	<u>s</u> M			

REMARKS/COMMENTS: This is a new Agreement in the amount of \$130,000.

-10-03

Risk Management Signature

FEB-09-2003 21:25

650 363 4864

Marsh USA Inc. 2/7/03 11:42 PAGE 2/2 RightFAX

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A       Sourcesure and the second secon	A	i	74978992(AOS)	04/01/02	04/01/03	COMBINED SINGLE LIMIT	\$ 1,000,000	
X       HRED AUTOS         X       NON-OMNED AUTOS         PROPERTY DAMAGE       \$         PROPERTY DAMAGE       \$         ANY AUTO       AUTO ONLY - EA ACCODENT         ANY AUTO       EACH COCURRENCE         MAY AUTO       EACH COCURRENCE         UMBRELLA FORM       AGREGATE         UMBRELLA FORM       RTD-465-555         D4/01/02       04/01/02         D4/01/02       04/01/03         DESCRIPTION OF OPERATIONAL CONSTRUCT       \$         C       PROFESSIONAL LIAB         B165-7146       05/01/02         D5/01/02       05/01/03         DISEARE - EACH EMPLOYTE       \$         DISEARE - EACH EMPLOYTE       \$         C       PROFESSIONAL LIAB         B165-7146       05/01/02         DISEARE - EACH EMPLOYTE       \$         DISEARE - EACH EMPLOYTE       \$         DISEARE - EACH EMPLOYTE       \$         DISEARE - DUCY UMIT       \$         C       PROFESSIONAL LIAB         B165-7146							\$	
GARAGE LABILITY       AUTO ONLY - EA ACCODENT       \$         ANY AUTO       GTHER THADLAUTO ONLY       EACH ACCODENT       \$         UMBRELLA FORM       EACH ACCODENT       \$       AGGREGATE       \$         UMBRELLA FORM       EACH ACCODENT       \$       AGGREGATE       \$         UMBRELLA FORM       EACH ACCODENT       \$       AGGREGATE       \$         UMBRELLA FORM       RTO-465-555       04/01/02       04/01/03       EACH ACCODENT       \$       1,000,000         Descreption       INCL       RTO-465-555       04/01/02       04/01/03       EACH ACCODENT       \$       1,000,000         Descreption       INCL       RTO-465-555       04/01/02       04/01/03       EACH ACCODENT       \$       1,000,000         OFFICER ARE       INCL       INCL       INCL       INCL       \$       1,000,000         OFFICER ARE       INCL       EXCLORES ARE       05/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS ACGATIONSIVEHICE SUSPECIAL ITEMS       SAN MATED COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         SAN MATED COUNTY HUMAN SERVICES AGENCY       SAN WATED COUNTY							\$	
ANY AUTO       AUTOCNUME THAN AUTO ONLY.         OTHER THAN JUNG ONLY.       EACH ACCIDENT         EXCESS LIABILITY       EACH ACCIDENT         UNDRELLA FORM       ACCRESATE         OTHER THAN JUNG ONLY.       EACH ACCIDENT         UNDRELLA FORM       ACCRESATE         OTHER THAN JUNG ONLY.       EACH ACCIDENT         UNDRELLA FORM       ACCRESATE         UNDRELLA FORM       ACCRESATE         OTHER THAN JUNG ONLY.       S         WORKERS COMPRENSATION AND EMPLOYENS' LIABLITY       RTD-465-555         DESCRIPTION OF GREEATION       INCL.         DESCRIPTION OF OPERATIONSALCATIONSVEHICLE SUSPECIAL ITEMS       SASSAME - POLICY LIMIT         SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-DODGE1 487-C1         CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXERPTION DATE THEREOF, THE INSURANCE COMPANY WELL ENDEAVOR TO MAIL 30         SAN MATED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGEN - CONTRACT SPECIALIST 262 HARBOR BLVD, BLDG, A BELMONT, CA 94002       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXERCIDENT ON THE CARTIFICATE HOLDER MANED TO THE LEFT, BUTFAILURE TO MAIL SUCH NOTICE SHALL MADE TO THE LEFT, ANY KIND UPON THE COMPANY WELL ENDEAVOR TO MAIL 30						PROPERTY DAMAGE	\$	
EXCESS LIABILITY       EACH ACCDENT       \$         UMBRELLA FORM       AGGREGATE       \$         UMBRELLA FORM       AGGREGATE       \$         OTHER THAN UMBRELL AFORM       AGGREGATE       \$         WORKERS COMPENSATION AND       EXPLOYED SUBLITY       AGGREGATE       \$         HE PROPRIETORING       RTD-465-555       04/01/02       04/01/03       EACH ACCDENT       \$       1,000,000         DISEASE - FOLICY UMIT       INCL       DISEASE - FOLICY UMIT       \$       1,000,000         OFICERS ARE:       EXC.       DISEASE - FOLICY UMIT       \$       1,000,000         OFICERS ARE:       EXC.       DISEASE - FOLICY UMIT       \$       1,000,000         OFICERS ARE:       EXC.       DISEASE - FOLICY UMIT       \$       1,000,000         OFICERS ARE:       EXC.       DISEASE - FOLICY UMIT       \$       1,000,000         DESCRIPTION OF OPERATIONS/VEHICLE SUSPECIAL TEMS       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY         CONTRACT WITH THE NAMED INSURED.       REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-DOD961487-C1       CANCELLATION         CERTIFICATE HOLDER       CLE-DOD961487-C1       CANCELLATION     <		GARAGE LIABILITY				AUTO ONLY - EA ACODENT	\$	
EXCESS LIABILITY       AGGREGATE       \$         UMBRELLA FORM       AGGREGATE       \$         UMBRELLA FORM       AGGREGATE       \$         WORKER SCOMPENSATION AND BENPLOYERS' LABULTY       RTD-465-555       04/01/02       04/01/03       X       YCGYTATS       OTHE EAC: ACCODENT       \$         B       WORKER SCOMPENSATION AND DESCRIPTION       INCL.       01/02       04/01/03       X       YCGYTATS       OTHE EAC: ACCODENT       \$       1,000,000         OFFICERS ARE:       07FICERS ARE:       EXC.       05/01/02       05/01/03       DISEASE - POLICY LIMIT       \$       1,000,000         OFFICERS ARE:       07FICERS ARE:       05/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE SYSPECIAL ITEMS       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABULTY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED.       REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-200961487-01       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXARATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30		ANY AUTO				OTHER THAN AUTO ONLY:		
EXCESS LIABILITY       EAC- OCCURRENCE       \$         UMBRELLA FORM       AGGREGATE       \$         OTHER THAN UMBRELLA FORM       AGGREGATE       \$         WORKES COMPENSATION AND ENPLOYERS TLABILITY       RTD-465-555       04/01/02       04/01/03       X       X MCSTATU- TOP- EAC- OCCURRENCE       \$         B       PROPRIETOR/ PARTNERSPERCENTWE       INCL OPROFESSATE       RTD-465-555       04/01/02       04/01/03       X       X MCSTATU- TOP- EAC- OCCURRENCE       \$       1,000,000         OTHER       DISEASE -POLICY UMIT       \$       1,000,000       DISEASE -POLICY UMIT       \$       1,000,000         OTHER       EAC- OCCURRENCE       \$       1,000,000       DISEASE -POLICY UMIT       \$       1,000,000         OTHER       EAC       OS/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE SUSPECIAL ITEMS       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-ODD961487-C1       CANCELLATION         CERTIFICATE HOLDER       CLE-ODD961487-C1       CANCELLATION         SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BL/D_						EACH ACCIDENT	\$	
UMBRELLA FORM       AGGREGATE       9         OTHER THANUMBRELLA FORM       AGGREGATE       \$         WORKERS COMPENSATION AND EXPLOYERS LIABLITY       RTD-465-555       04/01/02       04/01/03       X       TOTHER EACH ACCODENT       \$       1,000,000         DARINES/SEXECUTVE       INCL       EXCL       04/01/02       04/01/03       X       TOTHER EACH ACCODENT       \$       1,000,000         OFFICERS ARE       OFFICERS ARE       05/01/02       05/01/02       05/01/03       1,000,000         OFFICERS ARE       05/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONSAL COATIONS/VEHICLE SISPECIAL ITEMS       1,000,000       1,000,000         SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED.       1,000,000         CERTIFICATE HOLDER       CLE-000961487-01       CANCELLATION         CERTIFICATE HOLDER       CLE-000961487-01       CANCELLATION         SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD, BLDG, A BELMONT, CA 94002       AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD, BLDG, A BELMONT, CA 94002       SAN ADDITIONAL INSURED ON THE COMPANY WELL ENDEAVOR TO MAIL 30         DAY WIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.       ANY KIND UPON THE COMPANY,						AGGREGATE	\$	
OTHER THAN UMBRELLAFORM       Internationand         B       THE RETAIN UMBRELLAFORM         B       RTD-465-555         04/01/02       04/01/03         EACH ACCIDENT       \$         1,000,000         DISEASE - POLICY UMIT       \$         1,000,000         OTHER         C       PROPRIETOR/ PARTNESSEXECTIVE         EXC.       EXC.         OTHER       EXC.         C       PROFESSIONAL LIAB         B       B165-7146         D5/01/02       C5/01/03         INDERCETOR       EXC.         C       PROFESSIONAL LIAB         B165-7146       05/01/02         CS/01/02       C5/01/03         INDERCETOR       1,000,000         DESCRIPTION OF OPERATIONS/CELLATEMS         SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY         CONTRACT WITH THE NAMED INSURED.       REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-000961487-01         CAN CELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE         EXPRATION DATE THEREOF, THE INSURANCE COMPANY WELL ENDEAVOR TO MAIL       30		EXCESS LIABILITY				EACH OCCURRENCE	\$	
WORKERS CONTENSATION AND       WIC STATU-       GT-         B       WORKERS CONTENSATION AND       GT-         PARTNERS EXECUTIVE       INCL       DISEASE - POLICY UMIT       \$ 1,000,000         DISEASE - POLICY UMIT       \$ 1,000,000       DISEASE - POLICY UMIT       \$ 1,000,000         OFFICERS ARE       DISEASE - POLICY UMIT       \$ 1,000,000         OFFICERS ARE       EXC.       DISEASE - POLICY UMIT       \$ 1,000,000         OTHER       EXC.       DISEASE - POLICY UMIT       \$ 1,000,000         DESCRIPTION OF OPERATIONS/ OCATIONS/ VEHICLE SYSPECIAL ITEMS       SAN MATED COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-DODGE1487-C1       CANCELLATION         SAN MATED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD, BLDG. A       SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL         30       DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUTFAILURE TO MAL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ABOVE DISCRIBED POLICES INCLUDER NAMED TO THE LEFT, BUT FAILURE TO MAL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY WILL ENDEAVOR TO MAIL         31       DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAI		UMBRELLA FORM				AGGREGATE		
B       ENPLOYERS' LIABLITY       RTD-465-555       04/01/02       04/01/03       X   TORY LIMITS   ER       1.000,000         THE PROPRIETOR/ PARTNERSPERCITIVE       INQ.       01/01/02       04/01/03       EAC.4ACCODENT \$ 1,000,000         OFFICERS ARE:       EXQ.       01/01/02       05/01/02       05/01/03       1.000,000         OTHER       01/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/ OCATIONS/VEHICLE SYSPECIAL ITEMS       05/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/ OCATIONS/VEHICLE SYSPECIAL ITEMS       05/01/02       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/ OCATIONS/VEHICLE SYSPECIAL ITEMS       05/01/02       05/01/02       05/01/03       1,000,000         CONTRACT WITH THE NAMED INSURED.       REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.       1,000,000         CERTIFICATE HOLDER       CLE-200961487-01       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL         SAN MATED COUNTY HUMAN SERVICES AGENCY       ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST       20       DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.         S20 HARDOR BLVD, BLDG. A       BELMONT, CA 34002       BLOG		OTHER THAN UMBRELLA FORM					\$	
B       RTD-465-555       04/01/02       04/01/03       EAC+ ACCIDENT       \$ 1,000,000         PARTNERSPECCITIVE       INCL       EXCL       01986485 - PO_LICY LIMIT       \$ 1,000,000         OTHER       DISEASE - PO_LICY LIMIT       \$ 1,000,000       DISEASE - PO_LICY LIMIT       \$ 1,000,000         OTHER       OTHER       01986485 - PO_LICY LIMIT       \$ 1,000,000       DISEASE - PO_LICY LIMIT       \$ 1,000,000         OTHER       01986485 - PO_LICY LIMIT       \$ 1,000,000       DISEASE - PO_LICY LIMIT       \$ 1,000,000         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE SYSPECIAL ITEMS       \$ 05/01/02       05/01/02       05/01/03       \$ 1,000,000         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE SYSPECIAL ITEMS       \$ 05/01/02       05/01/03       \$ 1,000,000         SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED.       \$ 800ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL         SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST       \$ 800ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL         SC HARDOR BLVD, BLDG, A       BELMONT, CA 94002       BELMONT THE ONTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.         BELMONT,						X WC STATU- OTH- TORY LIMITS ER		
DARTNERSFERECUTIVE       INCL       DISEASE - EACH EMPLOYEE       Incl       Incl         OTHER       DISEASE - EACH EMPLOYEE       \$ 1,000,000         OTHER       DISEASE - EACH EMPLOYEE       \$ 1,000,000         C       PROFESSIONAL LIAB       8165-7146       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/VEHICLE SISPECIAL ITEMS       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-DODG/01487-01       CANCELLATION         SAN MATED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD, BLDG. A       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FALLIVE TO MAIL SUCH NOTICE SHALL MPOSE NO GALIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.         ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.       ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.	в		RTO-465-555	04/01/02	04/01/03	and the second		
OFFICERS ARE:       EXCL       DISEASE - EACH EMPLOYEE       \$ 1,000,000         OTHER       OTHER       DISEASE - EACH EMPLOYEE       \$ 1,000,000         C       PROFESSIONAL LIAB       8165-7146       05/01/02       05/01/03       1,000,000         DESCRIPTION OF OPERATIONS/VEHICLE SISPECIAL ITEMS       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER       CLE-000961487-01       CANCELLATION         SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLOG. A BELMONT, CA 94002       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL         30						DISEASE - POLICY LIMIT	\$ 1,000,000	
C       PROFESSIONAL LIAB       8165-7146       05/01/02       05/01/03       1,000,000         Description of operations/coations/vehicle syspecial items       SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.         CERTIFICATE HOLDER         CLE-000961487-01         CANCELLATION         SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG, A BELMONT, CA 94002         ANTIMIZED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG, A BELMONT, CA 94002         ANTIMIZED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG, A BELMONT, CA 94002         ANTIMIZED COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG, A BELMONT, CA 94002		OFFICERS ARE: EXCL				DISEASE - EACH EMPLOYEE	\$ 1,000,000	
DESCRIPTION OF OPERATIONS/ OCATIONS/VEHICLE S/SPECIAL ITEMS SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. REGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED. CERTIFICATE HOLDER CLE-DOD961487-CI CANCELLATION SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002 CANCELLATION STORE THE 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. ANTIMEZER XEPRESENTATIVES. ANTIMEZER XEPRESENTATIVES. CONTACT A. Dean		OTHER						
SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED. RÉGARDING OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED. CERTIFICATE HOLDER CLE-DODGE1487-C1 CANCELLATION SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002 CANCELLATION SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002 CANCELLATION SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 263 HARBOR BLVD., BLDG. A CANCELLATION CANCELLATION STATUS DEBORAH JAEGER - CONTRACT SPECIALIST 264 HARBOR BLVD., BLDG. A SELMONT, CA 94002 CANCELLATION SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A CANCELLATION STATUS DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A CANCELLATION STATUS DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD., BLDG. A SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST 265 HARBOR BLVD. THE ABOVE SPECIAL MARSH UBARCONDAL MARSH UBARCONDAL SCOTT A. DEBORAH JAEGER - CONTRACT SPECIALIST	С	PROFESSIONAL LIAB	8165-7146	05/01/02	05/01/03		1,000,000	
SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002 Stout Failure to Mail such Notice shall impose no obligation or liability of ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.	SAN	SAN MATEO COUNTY HUMAN SERVICES AGENCY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY						
SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002 Scott A. Dean	CE	CERTIFICATE HOLDER CLE-DD0961487-01 CANCELLATION						
Scott A. Dean	SAN MATEO COUNTY HUMAN SERVICES AGENCY ATTN: DEBORAH JAEGER - CONTRACT SPECIALIST 262 HARBOR BLVD., BLDG. A BELMONT, CA 94002			EXPIRATION D 30 BUT FAILURE T ANY KIND	EXPIRATION DATE THEREOF, THE INSURANCE 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.			
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	ACC							

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