

AMENDMENT TO THE AGREEMENT
WITH URBAN WILDLIFE MANAGEMENT, INC.

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and URBAN WILDLIFE MANAGEMENT, INC. (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on June 25, 2002, 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, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

“2. Payments

A. In 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 TWO HUNDRED FIFTY-FIVE THOUSAND DOLLARS (\$255,000) for the contract term.”

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 sanctions, penalties or claims of damages resulting from Contractor's failure to comply with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, or (E) 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.

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, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, and 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.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. This amendment is hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

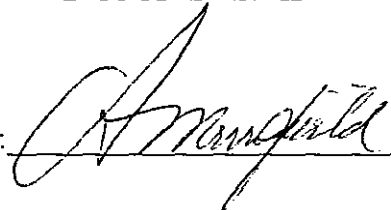
NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of URBAN WILDLIFE MANAGEMENT,^{Inc} be amended accordingly.

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

CONTRACTOR'S NAME

By: _____
President, Board of Supervisors
Rose Jacobs Gibson

By:  _____

Date: _____

Date: 5/7/03 _____

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed 5

DATE: May 23, 2002
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163
FROM: Maria Gonzalez - 573-3495, FAX 573-3729, PONY - AAS 321
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Urban Wildlife Management

DO THEY TRAVEL?: Yes, but no mileage in contract

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide residential clean up services.

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

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

5-23-02

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/12/2003

PRODUCER
Van Bourden Ins Svc -Kingsburg
1600 Draper St
PO BOX 67
Kingsburg, CA 93631

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Alan J. Merrifield
DBA: Urban Wildlife Management
P.O. Box 90
Burlingame, CA 94011

INSURER A: Underwriters at Lloyd's, London
INSURER B: Clarendon National Insurance Co.
INSURER C:
INSURER D:
INSURER E:

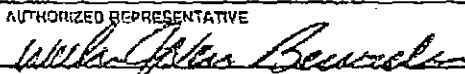
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:1,000 <input checked="" type="checkbox"/> Pest./Herb.End. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROC. FEE <input type="checkbox"/> LOC	028173088	11/01/02	11/01/03	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	05KR0015915	01/01/03	01/01/04	<input checked="" type="checkbox"/> IWC STAT. TOBY LIMITS <input type="checkbox"/> IOTH-SP E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER				

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

Att: Marie Shanks
It is agreed that the San Mateo County Aging and Adult Services is an additional insured, but only to the extent of the liability resulting from occurrences arising out of the Insured and/or it's wholly owned subsidiaries.

CERTIFICATE HOLDER	ADDITIONAL INSURED/INSURER LETTER:	CANCELLATION
San Mateo County Aging & Adult Services 225-37th Avenue San Mateo, CA 94403		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

6400 State Farm Drive
Rohnert Park CA 94926

05-2299-332B

AGING AND ADULT SERVICES
COUNTY OF SAN MATEO
227 WEST 37TH AVE
SAN MATEO CA 94403-4324

NAMED INSURED: MERRIFIELD, ALAN

DECLARATIONS PAGE *COPY*

POLICY NUMBER D62 7389-A03-05E
POLICY PERIOD JAN 03 2003 to JUL 03 2003

STATE FARM PAYMENT PLAN NUMBER
0147784202

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

PHONE: (650)343-2442

NOT our client

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
	NONOWNED		AUTO		67000000

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	NONOWNED
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$16.40
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$100,000 \$300,000	\$3.00

Total premium for this policy period JAN 03 2003 to JUL 03 2003: \$19.40 This is not a bill

IMPORTANT MESSAGES

our policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

replaced policy number D627389-05D.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

- 1 6028AU ADDITIONAL INSURED-AGING AND ADULT SERVICES COUNTY OF SAN MATEO, 27 WEST 37TH AVE, SAN MATEO CA 94403-4324.
- 2 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVCS INC, PO BOX 90, URLINGAME CA 94011-0090.
- 3 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555 COUNTY CENTER, REDWOOD CITY CA 94063-1654.
- 037F.11 CERTIFICATE OF INSURANCE-CITY OF SAN MATEO CITY HALL HOUSING REHAB DEPARTMENT, ATTN ARMANDO SANCHEZ 3320 20TH AVE, SAN MATEO CA 94403.
- 164RR.1 HIRED CADS
- 165AA.1 EMPLO P COVERAGE.
- 289BV SINGL ITY
- 023BB.7 DRIVER REYES EFF 07-03-2003.
- RESIDENCE-181 BA MATEO CA 94401.

Named Insured- MERRIFIELD, ALAN DBA URBAN WILDLIFE MANAGEMENT PO BOX 90 BURLINGAME CA 4011-0090



State Farm Mutual Automobile Insurance Company

6400 State Farm Drive
Rohnert Park CA 94926

05-2299-332B

DEPT OF HEALTH SVCS, BOARD OF
SUPVS OF THE CO OF SAN MATEO
THE CO & THEIR OFFICES, AGTS,
EMPS & OTHERS, ADMIN SVCS
225 37TH AVE
SAN MATEO CA 94403-4324
NAMED INSURED: MERRIFIELD, ALAN

U3129-3-B MUTL VOL

DECLARATIONS PAGE COPY

POLICY NUMBER G23 2084-A03-05P
POLICY PERIOD FEB 17 2003 to JUL 03 2003

STATE FARM PAYMENT PLAN NUMBER
0147784202

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

PHONE: (650)343-2442

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1990	FORD	E150	VAN	1FTEE14N0LHA70882	1B3FCV11

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1990 FORD
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$209.81
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$21.30
D250	\$250 Deductible Comprehensive	\$6.99
G500	\$500 Deductible Collision	\$45.20
H	Emergency Road Service	\$3.27
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident: \$100,000 \$300,000	\$11.17
U1	Uninsured Motor Vehicle Property Damage	\$2.15
Total premium for this policy period FEB 17 2003 to JUL 03 2003.		\$299.89

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number G232084-050.

Your total current 6 month premium for JAN 03 2003 to JUL 03 2003 is \$396.68.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

- 01 6028AU ADDITIONAL INSURED-AGING AND ADULT SERVICES COUNTY OF SAN MATEO, 227 WEST 37TH AVE, SAN MATEO CA 94403-4324.
- 02 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVC, INC, PO BOX 90, HURLINGAME CA 94011-0090.
- 03 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SVCS, BOARD OF SUPVS OF THE CO OF SAN MATEO, THE CO & THEIR OFFICES, AGTS, EMPS & OTHERS, ADMIN SVCS 225 37TH AVE, SAN MATEO CA 94403-4324.
- 04 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555 COUNTY CENTER, REDWOOD CITY CA 94063-1654.



State Farm Mutual Automobile Insurance Company

6400 State Farm Drive
Rohnert Park CA 94926

03129-3-B

MUTL VOL

DECLARATIONS PAGE *COPY*

05-2299-332B

DEPT OF HEALTH SVCS, BOARD OF
SUPV OF THE CO OF SAN MATEO
THE CO & THEIR OFFICES, AGTS,
EMPLS & OTHERS, ADMIN SERV
225 37TH AVEA
SAN MATEO CA 94403-4324
NAMED INSURED: MERRIFIELD, ALAN

POLICY NUMBER C23 1999-B05-05E
POLICY PERIOD FEB 05 2003 to AUG 05 2003

STATE FARM PAYMENT PLAN NUMBER
0346148402

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

PHONE: (650)343-2442

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

YEAR	MAKE	MODEL	BODY/STYLE	VEHICLE ID. NUMBER	CLASS
1993	GMC	S15 SONOMA	PICKUP	1GTCS19W1P8512821	1H3HC411

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1993 GMC
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$549.90
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$55.81
D250	\$250 Deductible Comprehensive	\$36.81
G500	\$500 Deductible Collision	\$212.63
H	Emergency Road Service	\$4.32
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$100,000 \$300,000	\$27.63
U1a	Uninsured Motor Vehicle Property Damage	\$5.34

Total premium for this policy period FEB 05 2003 to AUG 05 2003. \$892.44 This is not a bill.

IMPORTANT MESSAGES

our policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

replaced policy number C231999-05D.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

1 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVCS, INC, PO BOX 90,
URLINGAME CA 94011-0090.
2 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SVCS, BOARD OF SUPV OF THE CO
F SAN MATEO, THE CO & THEIR OFFICES, AGTS, EMPLS & OTHERS, ADMIN SERV 225
7TH AVEA, SAN MATEO CA 94403-4324.
3 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555
JUNTY CENTER, REDWOOD CITY CA 94063-1654.
289BV SINGLE LIMIT OF LIABILITY
905A AMENDMENT OF DEFINED WORDS, LIABILITY, MEDICAL PAYMENTS,
UNINSURED MOTOR VEHICLE AND PHYSICAL DAMAGE COVERAGES -EFF MAR
11 2002



State Farm Mutual Automobile Insurance Company

6400 State Farm Drive
Rohnert Park CA 94926

05-2299-332B

03129-3-B

MUTL VOL

DECLARATIONS PAGE "COPY"

POLICY NUMBER G58 6872-D10-05J
POLICY PERIOD MAR 05 2003 to OCT 10 2003

DEPT OF HEALTH SERVICES BOARD
OF SUPERVISORS OF THE CNTY OF
SAN MATEO, THE CNTY & THEIR
OFFICES, AGTS, EMPS, & OTHERS
225 37TH AVE
SAN MATEO CA 94403-4324
NAMED INSURED: MERRIFIELD, ALAN

AGENT
STEVE CARIA
461 1ST AVENUE
SAN MATEO, CA 94401-3202

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

PHONE: (650)343-2442

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1995	FORD	F250	PICKUP	2FTHF25GXSCA04877	0H3HC311

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1995 FORD
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$483.73
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$29.33
D250	\$250 Deductible Comprehensive	\$29.87
G500	\$500 Deductible Collision	\$184.39
H	Emergency Road Service	\$5.16
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$100,000 \$300,000	\$27.58
U1	Uninsured Motor Vehicle Property Damage	\$4.40
Total premium for this policy period MAR 05 2003 to OCT 10 2003.		\$764.46

IMPORTANT MESSAGES

our policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

replaced policy number G586872-05I.

our total current 6 month premium for APR 10 2003 to OCT 10 2003 is \$678.47.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

- 1 6097J.4 LEASED MOTOR VEHICLES (ADDITIONAL INSURED)-UNION BANK OF CALIFORNIA, INSURANCE CENTER PO BOX 15366, RICHMOND VA 23227-5366.
- 2 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SERVICES INC, PO BOX 90, URLINGAME CA 94011-0000
- 3 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SERVICES BOARD OF SUPERVISORS OF THE CNTY OF SAN MATEO, THE CNTY & THEIR OFFICES, AGTS, EMPS, & OTHERS 225 37TH AVE, SAN MATEO CA 94403-4324
- 4 6028AU ADDITIONAL INSURED-DEPT OF SAN MATEO DEPT OF PUBLIC WORKS, 555 COUNTY CENTER REDWOOD CITY CA 94063-1654.



State Farm Mutual Automobile Insurance Company

6400 State Farm Drive
Rohnert Park CA 94926

03129-3-B

MUTL VOL

DECLARATIONS PAGE "COPY"

05-2299-332B

AGING AND ADULT SERVICES
COUNTY OF SAN MATEO
227 WEST 37TH AVE
SAN MATEO CA 94403-4324

POLICY NUMBER G23 2084-A03-05P
POLICY PERIOD FEB 17 2003 to JUL 03 2003

*Urban Wild
Life 94 Van*

PAYMENT PLAN NUMBER

NAMED INSURED: MERRIFIELD, ALAN

A
NUE
CA 94401-3202

PHONE: (650)343-2442

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1990	FORD	E150	VAN	1FTEE14N0LHA70882	1B3FCV11

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1990 FORD
A	Bodily Injury/Property Damage Liability Limit of Liability-Coverage A \$1,000,000 Each Accident	\$209.81
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$21.30
D250	\$250 Deductible Comprehensive	\$6.99
G500	\$500 Deductible Collision	\$45.20
H	Emergency Road Service	\$3.27
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$100,000 \$300,000	\$11.17
U1	Uninsured Motor Vehicle Property Damage	\$2.15

Total premium for this policy period FEB 17 2003 to JUL 03 2003. \$299.89 This is not a bill.

IMPORTANT MESSAGES

our policy consists of this declarations page, the policy booklet - form 9805A, and any endorsements that apply, including one issued to you with any subsequent renewal notice.

replaced policy number G232084-050.

our total current 6 month premium for JAN 03 2003 to JUL 03 2003 is \$396.68.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

- 1 6028AU ADDITIONAL INSURED-AGING AND ADULT SERVICES COUNTY OF SAN MATEO, 227 WEST 37TH AVE, SAN MATEO CA 94403-4324.
- 2 6028AU ADDITIONAL INSURED-PENINSULA COMMUNITY SVC, INC, PO BOX 90, JRLINGAME CA 94011-0090.
- 3 6028AU ADDITIONAL INSURED-DEPT OF HEALTH SVCS, BOARD OF SUPVS OF THE CO OF SAN MATEO, THE CO & THEIR OFFICES, AGTS, EMPS & OTHERS, ADMIN SVCS 225 7TH AVE, SAN MATEO CA 94403-4324.
- 4 6028AU ADDITIONAL INSURED-COUNTY OF SAN MATEO DEPT OF PUBLIC WORKS, 555 COUNTY CENTER REDWOOD CITY CA 94063-1654.