

AMENDMENT TO THE AGREEMENT

THIS AGREEMENT, entered into this _____ day of _____, 2003, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and BRUCE-BADILLA BOARD & CARE HOME (hereinafter called "Contractor"),

WITNESSETH:

WHEREAS, on May 14, 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, on June 19, 2002, the parties hereto amended that agreement (hereinafter referred to as the "Original Agreement") to correctly describe services provided by Contractor to County as intended in that Original Agreement

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. Maximum Amount of the 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 FORTY THOUSAND EIGHTY-SEVEN DOLLARS (\$240,087) for the contract term.”

2. Section 4., Hold Harmless, of the Original Agreement is hereby amended to read as follows:

“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 appropriate authority 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.”

3. Section 10, Compliance with Applicable Laws, of the original agreement is hereby amended to read as follows:

“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 disability by 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.”

4. Schedule B of the original agreement is hereby amended to read as follows:

“SCHEDULE B

Bruce-Badilla Board & Care: 2002-2005

PAYMENT SCHEDULE

In full consideration of the services provided by Contractor pursuant to this Agreement, County shall pay Contractor as described below, except that any and all payments shall be subject to the conditions contained in this Agreement.

1. County shall pay contractor the maximum amount of SIXTY-SEVEN THOUSAND TWO HUNDRED SIXTY-EIGHT DOLLARS (\$67,268) for the period of July 1, 2002, to June 30, 2003, for the provision of a dedicated capacity of ten (10) beds.
2. Subject to the maximum amount stated above and the terms and conditions of this Agreement, Contractor shall be paid at the rate of one-twelfth of the total obligation in SCHEDULE B.1. per month for the period of July 1, 2002 through March 31, 2003.
3. Contractor shall provide two additional beds per month beginning April 1, 2003. County shall pay contractor FIVE HUNDRED SIXTY DOLLARS AND FIFTY-SEVEN CENTS (\$560.57) per bed per month for these beds. Payment for these beds will be based upon actual utilization. Payment shall be prorated for months when beds are used less than the entire month at the rate of \$18.43 per day.
4. County shall pay contractor the maximum amount of SEVENTY THOUSAND SIX HUNDRED THIRTY-TWO DOLLARS (\$70,631) for all services provided during the period of July 1, 2002, to June 30, 2003.
5. Rate increases after the first (1st) year shall be at the sole discretion of the Director, or her designee. In no event shall the maximum, but not guaranteed, compensation exceed TWO HUNDRED FORTY THOUSAND EIGHTY-SEVEN DOLLARS (\$240,087). This amount reflects the maximum allowable for the contract term. It is understood that the monthly amounts may vary, and that client eligibility for this program may change throughout the course of the year.
6. Payment by County to Contractor shall be monthly. Contractor shall bill County on or before the tenth (10th) working day of each month for the preceding month.
7. Claims shall be on forms provided, in the format prescribed by County. All Claims shall clearly reflect and, in reasonable detail, give information regarding the services for which claim is made.

8. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to contractor under this Agreement or any other agreement.

9. With prior approval of the Mental Health Director or her designee, if Contractor provides transportation for clients in Contractor's automobile, County shall pay Contractor a lump sum payment of TWO HUNDRED TWENTY-FIVE DOLLARS (\$225) annually not to exceed SIX HUNDRED SEVENTY-FIVE DOLLARS (\$675) over the term of the agreement for insurance cost incurred. Such payment will be for the purpose of helping to defray Contractor's expense in obtaining personal automobile liability insurance at the limits required by County. Up-to-date proof of insurance must be received and approved by County before payment will be made."

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

1. These amendments are 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 to audit and 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 May 14, 2002, 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

BRUCE-BADILLA BOARD & CARE

By: _____
Rose Jacob Gibson, President
Board of Supervisors, San Mateo County

By: Bruce Badilla

Date: _____

Date: 5/20/03

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Bruce-Badilla Board and Care
 Contact Person: Ligaya Bruce-Badilla
 Address: 344 Frankfort Street
Daly City, CA 94014
 Phone Number: 415-587-0539 Fax Number: 415-587-2750

II Employees

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

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

III Equal Benefits Compliance (Check one)

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

IV Declaration

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

Executed this 27th day of MAY, 2003 at DALY CITY, CA
 (City) (State)

Ligaya Bruce-Badilla
 Signature

LIGAYA BRUCE-BADILLA
 Name (Please Print)

LICENSURE ADMINISTRATOR
 Title

Contractor Tax Identification Number

COUNTY OF SAN MATEO
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: May 14, 2003

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: John Klyver, Mental Health Services/PONY #MLH 322

CONTRACTOR: Bruce-Badilla Board and Care

DO THEY TRAVEL: Yes

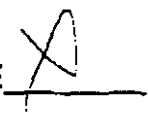
PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: Yes

DUTIES (SPECIFIC):

COVERAGE:

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

APPROVE  WAIVE _____ MODIFY _____

REMARKS/COMMENTS:


SIGNATURE

ACORD

TM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

SEP 25 02

PRODUCER
NATIONAL INSURANCE PROFESSIONALS CORP
 1040 NE HOSTMARK STREET #200
 POULSBO WA 98370-7454
 PHONE: (360)697-3611
 FAX: (360)697-3688

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

NAIC #

INSURED
BRUCE-BADILLA CARE HOME
 344 FRANKFORT STREET
 DALY CITY CA 94014

INSURER A: **UNITED NATIONAL INSURANCE COMPANY**

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 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 checked="" type="checkbox"/> OCCUR	CGA043452	SEP 21 02	SEP 21 03	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
					MED. EXP (Any One Person) \$ EXCLUDED
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS-COMP/OP AGG. \$ 3,000,000
	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 \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE-EA EMPLOYEE \$
					E.L. DISEASE-POLICY LIMIT \$
A	OTHER: PROFESSIONAL LIABILITY	CGA043452	SEP 21 02	SEP 21 03	\$1,000,000 EACH CLAIM \$3,000,000 AGGREGATE AGG LIMIT IS COMBINED PROF AND CGL

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS

CERTIFICATE HOLDER TO BE NAMED AS ADDITIONAL INSURED UNDER THE ABOVE POLICY BUT ONLY AS THEIR INTERESTS MAY APPEAR AND ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.
 LOC #1 344 FRANKFORT STREET, DALY CITY, CA 94014

CERTIFICATE HOLDER

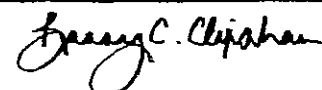
ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SAN MATEO COUNTY
 DEPARTMENT OF MENTAL HEALTH
 225 37TH AVENUE
 SAN MATEO CA 94403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Attention:

PLEASE READ YOUR POLICY

This declarations Page/Amended Declaration page with the policy jacket identified by the form and edition date indicated completes the above numbered policy.

POLICY NUMBER CA 0-09-47-691-3

Previous policy no.

Form 1050

Ed. 1194

RESIDENTIAL CARE

DECLARATIONS

NAMED INSURED

LIGAYA E RYNRD BADILLA PAGE 1 OF 3
BRUCE-BADILLA CARE HOME
344 FRANKFORT ST.
DALY CITY CA 94014

POLICY TERM: SEP 20, 2002 TO SEP 20, 2003

NEK INSURANCE INC #1
PO BOX 809
EL CERRITO CA 94530

This policy inception the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period.
This policy shall expire at 12:01 a.m. on the last day of the policy period.

A
G
E
N
T



CA-92874
PROGRESSIVE CASUALTY INS. CO.
P.O. BOX 94739, CLEVELAND, OHIO 44101 1-800-444-4487

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERAGES AND LIMITS OF LIABILITY

COVERAGES

FULL TERM PREMIUM CHARGES

A SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000,000 EACH ACC	\$1592
C MEDICAL PAYMENTS	\$ 5,000 EACH ACCIDENT	\$69
D COMP OR FTCAC STATED AMT	SEE SCHEDULE OF COVERED VEH FOR DED	\$93
E COLLISION OR UPSET-STD AMT	SEE SCHEDULE OF COVERED VEH FOR DED	\$429
I UM/UNDERINSURED MOTORIST	\$1,000,000/PERS. \$1,000,000/ACC.	\$197
UM PROPERTY DAMAGE	\$ 3.500	\$64
HIRED AUTO LIABILITY		\$112
SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000,000 EACH ACC	
NON-OWNED AUTO LIABILITY		\$67
SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000,000 EACH ACC	

NUMBER OF EMPLOYEES (0-10)

FILING FEES \$0.00
TOTAL POLICY PREMIUM \$2,623.00

ATTACHMENT IDENTIFIED BY FORM NUMBER

6211 (1-92) 6212 (05-97) 8470 (12-86) 1891 (11-94) 1197 (08-93) 3644 (09-99)
1890 (1-92) 6231 (07-97)

DRIVERS PAGE 2 , COVERED VEH PAGE 3

ICC-N MCS90-N
PUC-N OTH-N

Any loss under Part III is payable as interest may appear to named insured and above loss payee: Prog Premium Budget: CL
Fin Resp. Filed: G2 For Whom: BGO 02259 XXXX Case No: 15.0 CAICS11C R/R 100% Factor Used: F/R 062000

*9/23/02
Sentinel
CF*

Counter signed:

PLEASE READ YOUR POLICY

POLICY NUMBER ER CA 0-09-47-691-3

This declarations Page/Amended Declaration page with the policy jacket identified by the form and edition date indicated completes the above numbered policy.

Previous policy no.

Form 1050

Ed. 1194

RESIDENTIAL CARE

DECLARATIONS

NAMED INSURED

LIGAYA & RYNRD BADILLA PAGE 3 OF 3
BRUCE-BADILLA CARE HOME
344 FRANKFORT ST.
DALY CITY CA 94014

POLICY TERM: SEP 20, 2002 TO SEP 20, 2003

NEK INSURANCE INC #1
PO BOX 809
EL CERRITO CA 94530

This policy incepts the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period.
This policy shall expire at 12:01 a.m. on the last day of the policy period.

A
G
E
N
T

PROGRESSIVE[®]
COMMERCIAL VEHICLE INSURANCE

CA-92874
PROGRESSIVE CASUALTY INS. CO.
P.O. BOX 94739, CLEVELAND, OHIO 44101 1-800-444-4487

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERED VEHICLES

VEH NO	DR NO	TRADE YR	NAME	BODY TYPE	SERIAL NO	VEH TER CLS NO	ZIP	RAD IUS	DSC COD	DSC PCT
1-01	2	97	HONDA	ACCORD	1H6C05538VA258903	S30 90	94014	50	672	

LIABILITY PREMIUM BY VEHICLE

VEH NO	LIAB	MED PAY	UM/UM BI	UM/PD
1	\$1,592	\$69	\$197	\$64

PHYSICAL DAMAGE PREMIUM BY VEHICLE

VEH NO	COMP OR TYPE	FT/CAC DED	PREM	COLLISION DED	PREM	ON-HOOK LIMIT	DED	PREM	VEH TOTAL
1	COMP	\$500	\$93	\$500	\$429				\$2,444

Any loss under Part 111 is payable as interest may appear to named insured and above loss payee:
Fin. Resp. Filed: G2 For Whom: BGO 02259 XXXX Case No: 15.0 CAIC511C

Prog Premium: Budget: CL
R/R 1001% Factor Used: F/R 062000

Countersigned:

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/03/03

PRODUCER

NEK INSURANCE, INC.
P.O. BOX 809
EL CERRITO, CA 94530-1916

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.

COMPANIES AFFORDING COVERAGE

COMPANY A EVEREST NATIONAL INSURANCE COMPANY

INSURED

BRUCE-BADILLA BOARD & CARE
LIGAYA BRUCE-BADILLA
344 FRANKFORT STREET
DALY CITY, CA 94014

COMPANY B

COMPANY C

COMPANY D

COVERAGES:

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	390C020388011	07/01/02	07/01/03	<input checked="" type="checkbox"/> INC STAT - TORY LIMITS EL EACH ACCIDENT \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE IS PROVIDED AS PROOF OF INSURANCE WITH RESPECT TO COVERAGES, LIMITS AND EFFECTIVE DATES AS SHOWN.
10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

SAN MATEO COUNTY
DEPARTMENT OF MENTAL HEALTH
225 37TH AVENUE
SAN MATEO, CA 94403

CANCELLATION

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AUTHORIZED REPRESENTATIVE

