

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND  
CLARA-MATEO ALLIANCE, INC.: 2003-04**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
and between the COUNTY OF SAN MATEO, hereinafter called "County," and  
CLARA-MATEO ALLIANCE, INC., hereinafter called "Contractor";

**W I T N E S S E T H:**

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 thereof;

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of providing emergency housing and support services for mental health clients as described in Exhibit A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

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

**1. Exhibits.**

The following exhibits are attached hereto and incorporated by reference herein:

Exhibit A—Services

Exhibit B—Payments and rates

Attachment I—§504 Compliance

**2. Services to be performed by Contractor.**

In consideration of the payments set forth herein and in Exhibit B, Contractor shall perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibit "A."

**3. Payments.**

In consideration of the services provided by contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A", County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this contract exceed ONE HUNDRED FOURTEEN THOUSAND FOUR HUNDRED FORTY-NINE DOLLARS (\$114,449).

**4. Term and Termination.**

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2003, through June 30, 2004.

This Agreement may be terminated by Contractor, the Director of Health Services or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

**5. Availability of Funds.**

The County may terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon unavailability of Federal, State or County funds, by providing written notice to Contractor as soon as is reasonably possible after the county learns of said unavailability of outside funding.

**6. Relationship of Parties.**

Contractor agrees and understands that the work/services performed under this Agreement are performed as an independent Contractor and not as an employee of the County and that Contractor acquires none of the rights, privileges, powers or advantages of County employees.

**7. 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, (C) 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 (D) 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.

**8. Assignability and Subcontracting**

Contractor shall not assign this Agreement or any portion thereof to a third party, or subcontract with a third party to provide services required by contractor under this Agreement without the prior written consent of County. Any such assignment or subcontract without the county's prior written consent shall give County the right to automatically and immediately terminate this Agreement.

**9. Insurance.**

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 County Manager, and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the County Manager 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 County Manager of any pending change in the limits of liability or of any cancellation or modification of the policy.

- (1) **Worker's Compensation and Employer's Liability Insurance.** 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 certifies, as required by Section 1861 of the California Labor Code, that it is 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) **Liability Insurance.** 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 contractors 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.

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 |

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to the County, its officers, agents, employees and servants shall be primary insurance to the full limits of liability of the policy, and that if the County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

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.

**10. Compliance with laws; payment of Permits/Licenses.**

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.

In the event of a conflict between the terms of this Agreement and state, federal, county or municipal law or regulations, the requirements of the applicable law will take precedence over the requirements set forth in this Agreement.

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

**11. Non-Discrimination.**

- A. *Section 504 applies only to Contractors who are providing services to members of the public.* Contractor shall comply with § 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified handicapped 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 (this paragraph needed only if services provided to members of the public).
- B. *General non-discrimination.* No person shall, on the grounds of race, color, religion, ancestry, gender, age (over 40), national origin, medical condition (cancer), physical or mental disability, sexual orientation, pregnancy, childbirth or related medical condition, marital status, or political affiliation be denied any benefits or subject to discrimination under this Agreement.
- C. *Equal employment opportunity.* Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees under this Agreement. Contractor's equal employment policies shall be made available to County of San Mateo upon request.
- D. *Violation of Non-discrimination provisions.* 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 section, the County Manager shall have the authority to examine Contractors employment records with respect to compliance with this paragraph and/or to 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 complainant, 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.

- E. *Compliance with Equal Benefits Ordinance.* 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.
- F. The Contractor shall comply fully with the non-discrimination requirements required by 41 CFR 60-741.5(a), which is incorporated herein as if fully set forth.

**12. Retention of Records.**

Contractor shall maintain all required records for three years after the County makes final payment and all other pending matters are closed, and shall be subject to the examination and/or audit of the County, a Federal grantor agency, and the State of California.

**13. Merger Clause.**

This Agreement, including the Exhibits attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto and correctly states the rights, duties, and obligations of each party as of this document's date. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. All subsequent modifications shall be in writing and signed by the parties.

**14. Controlling Law.**

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.

**15. Notices.**

Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United State mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed to:

**In the case of County, to:**

San Mateo County  
Mental Health Services Division  
225 – 37<sup>th</sup> Avenue  
San Mateo, CA 94403

**In the case of Contractor, to:**

Clara-Mateo Alliance, Inc.  
795 Willow Road Building 323-D  
Menlo Park, CA 94025

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  
San Mateo County

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

ATTEST:

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

CLARA-MATEO ALLIANCE, INC.

  
\_\_\_\_\_  
Contractor's Signature

Date: 11-13-2003

Long Form Agreement/Non Business Associate

Exhibit "A"  
CLARA-MATEO ALLIANCE, INC.: 2003-04

In consideration of the payments set forth in Exhibit "B", Contractor shall provide the following services:

I. SERVICES

A. Transitional Housing and Emergency Shelter Services

1. For the period July 1, 2003 through December 31, 2003 Contractor shall provide five (5) transitional beds per night; and should emergency shelter beds be available, on an as needed basis, three (3) emergency shelter beds per night.
2. For the period January 1, 2004 through June 30, 2004: Should emergency shelter and/or transitional beds be available, County has the option to purchase on an as-needed basis up to three (3) emergency shelter beds per night, and up to five (5) transitional beds per night.
3. Such beds shall be provided twenty-four (24) hours a day, seven (7) days a week for short-term housing for mentally ill clients who do not require care and supervision as defined by Section 80001 (a) (10) of Title 22 of Community Care Licensing Regulations. In addition to providing emergency shelter and transitional housing, Contractor shall collaborate with other public and private services and resources to assist these clients in finding permanent housing and securing other basic needs. Clients shall be assisted in securing medical, psychiatric, and social services as needed.
4. Contractor shall accept referrals from Mental Health Services Division Monday through Friday, 9 AM to 4 PM.
5. Contractor shall admit only those clients who meet the following criteria:
  - a. Have a primary psychiatric diagnosis;
  - b. Are homeless according to the definition of the US Department of Housing and Urban Development;
  - c. Are medically and psychiatrically stable;
  - d. Are able and willing to live cooperatively in a structured group setting with rules and requirements;
  - e. Are clear of tuberculosis;



- f. Are compliant and capable of taking medications as prescribed by a physician; and
  - g. Are capable and committed to substance free living and willing to submit to random drug testing.
- 6. Contractor shall exclude individuals from admission who:
  - a. Have a continued use of housing and treatment resources without lasting periods of success;
  - b. Have demonstrable history of violence and/or disruption that would be destructive and/or unsafe in a structured group living environment;
  - c. Have a history of child molestation, sexual offenses, violent sexual offenses, and/or violent crimes;
  - d. Are non-compliant with treatment and medications;
  - e. Are on methadone maintenance ("Take Homes"); and/or
  - f. Other individuals whose behavior is deemed inappropriate for the cooperative structured group living environment provided by Clara-Mateo Alliance.
- 7. Among clients eligible for emergency shelter and transitional housing, who meet the criteria as specified in Paragraph I.A.5 of this Exhibit A. Contractor shall give priority for beds on a space-available basis in the following order:
  - a. Options Project (Mentally Ill Offender Crime Reduction grant) clients;
  - b. Individuals from Unit 3A/B of the San Mateo Medical Center;
  - c. Individuals from Psychiatric Emergency Services (PES) of the San Mateo Medical Center;
  - d. Individuals from Cordilleras Mental Health Rehabilitation Center.
- 8. For each individual referred for admission to the shelter, Contractor in cooperation with the Mental Health Services Division staff will complete the Clara-Mateo Alliance Shelter Intake form.
- 9. Contractor will evaluate the client's financial and benefit status, as well as eligibility for other services and/or resources, and initiate benefits as appropriate.
- 10. At least two (2) Contractor staff persons shall be on duty at the Clara-Mateo shelter at all times, twenty-four (24) hours per day.

11. Contractor shall provide separate sleeping quarters, showers and toilets for men and women. Communal space will include kitchen facilities, laundry room, living room, and recreation area. Accessibility shall be provided to the handicapped, and a sprinkler system shall be included throughout the shelter.

## II. RECORDS AND ADMINISTRATIVE REQUIREMENTS

- A. Paragraph 12 of the Agreement and Paragraph I.K.3 of Exhibit B notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18<sup>th</sup>) birthday; or b) for a period of seven (7) years beyond the date of discharge, whichever is later.
- B. Contractor shall submit a copy of any licensing report issued by licensing agency to the Deputy Director of Adult Services, Mental Health Services Division, within three (3) days from date received.
- C. Contractor agrees to administer/utilize any and all survey instruments as directed by the County Mental Health Services Division, including outcomes and satisfaction measurement instruments.
- D. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes).
- E. Contractor shall complete all State evaluation requirements.
- F. Contractor shall maintain certification through San Mateo County to provide Short-Doyle Medi-Cal reimbursable services.

- G. Contractors providing federally funded health services may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this Agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility.
- H. Contractor shall submit to County the cultural composition of Contractor's staff in the third (3<sup>rd</sup>) quarter of the contract year.

### III. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

- Goal 1: Contractor shall increase the independence of clients by assisting them in accessing any and all necessary support services (e.g., financial assistance, housing, medical/psychiatric services, etc.) to facilitate a higher level of self-efficiency.
- Objective 1: A minimum of seventy percent (70%) of clients admitted to Clara-Mateo Shelter shall obtain permanent or transitional housing upon discharge or receive a discharge plan.
- Objective 2: At least eighty percent (80%) of all clients shall receive a minimum of two (2) rehabilitation services (exclusive of medication support services) during their stay at Clara-Mateo Shelter.
- Objective 3: Ninety-five percent (95%) of all clients who remain in Clara-Mateo Shelter beyond three (3) days shall have a written "Clara-Mateo Alliance Shelter Service Plan."
- Goal 2: Contractor shall maintain a positive satisfaction response from clients served at the Clara-Mateo Shelter.
- Objective 1: One hundred percent (100%) of all clients who remain in the shelter beyond fourteen (14) days shall participate in the "Clara-Mateo Alliance Client-Shelter Evaluation."

Exhibit "B"  
CLARA-MATEO ALLIANCE, INC.: 2003-04

In consideration of the services provided by Contractor in Exhibit "A", County shall pay Contractor based on the following fee schedule:

I. PAYMENTS

A. For the period July 1, 2003 through December 31, 2003:

1. County shall be obligated to pay FORTY THOUSAND FOUR HUNDRED EIGHTY DOLLARS (\$40,480) for a total of five (5) transitional beds per night as described in Exhibit A. The rate of payment shall be one-sixth (1/6) of the total obligation per month for the period July 1, 2003 through December 31, 2003, or SIX THOUSAND SEVEN HUNDRED FORTY-SIX DOLLARS AND SIXTY-SEVEN CENTS (\$6,746.67) per month.
2. Should emergency shelter beds be available, County has the option to purchase, on an as-needed basis, up to three (3) emergency shelter beds at the rate of THIRTY DOLLARS AND NINETY CENTS (\$30.90) per bed per night. Contractor shall invoice County on a monthly basis for these shelter beds. In no event shall County pay or be obligated to pay Contractor more than the sum of SEVENTEEN THOUSAND FIFTY-SEVEN DOLLARS (\$17,057) for three (3) emergency shelter beds for the period July 1, 2003 through December 31, 2003.

B. For the period January 1, 2004 through June 30, 2004: Should emergency shelter or transitional beds be available, County has the option to purchase on an as-needed basis up to three (3) emergency shelter beds at the rate of THIRTY DOLLARS AND NINETY CENTS (\$30.90) per bed per night, and up to five (5) transitional beds at the rate of FORTY-FOUR DOLLARS (\$44) per bed per night. Contractor shall invoice County on a monthly basis for these emergency shelter and/or transitional beds. In no event shall County pay or be obligated to pay Contractor more than the sum of FIFTY-SIX THOUSAND NINE HUNDRED TWELVE DOLLARS (\$56,912) for three (3) emergency shelter beds and five (5) transitional beds for the period January 1, 2004 through June 30, 2004.

C. In any event, the maximum amount County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE HUNDRED FOURTEEN THOUSAND FOUR HUNDRED FORTY-NINE DOLLARS (\$114,449).

- D. Contractor's annual 2003-2004 budget is attached and incorporated into this Agreement as Exhibit C.
- E. The Director of Health Services or her designee may execute minor amendments and adjustments to this Agreement, up to an aggregate of \$25,000 for the term of the Agreement.
- F. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- G. In the event this Agreement is terminated prior to January 1, 2004, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Director.
- H. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the expiration date of this Agreement. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall have its books of accounts audited annually by a Certified Public Accountant and a copy of said audit report shall be submitted along with the Cost Report. If Contractor has received more than THREE HUNDRED THOUSAND DOLLARS (\$300,000) in federal funds for the fiscal year, the audit must meet the requirements of the Federal Single Audit Act and OMB Circular A-133.
- I. 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.
- J. Monthly Invoice Reporting
  - 1. Payment by County to Contractor shall be monthly. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of each month for the prior month. All claims shall clearly reflect and, in reasonable detail, give information regarding the services for which claim is made.

2. Each month Contractor will provide a written summary of services rendered each such month ("Summary"). The Summary shall include names of clients, registration information, admit and discharge information, units of service, type of housing provided, and other evaluative information as requested by County. Such Summary will accompany the invoice described above. The Summary shall become incorporated into an annual (fiscal year-end) report which shall include such information as the Director requires to permit reporting, monitoring, and evaluation of Contractor's program pursuant to this Agreement.
3. Contractor will include with each invoice the following statement: "I hereby certify that the above claim for service complies with all terms and conditions referenced in the Agreement with San Mateo County." Such statement will be signed by Contractor.

K. Contractor shall comply with the following requirements in the provision of mental health services.

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.
2. Contractor shall certify to the County, in writing under penalty of perjury, for each monthly claim when submitted to the County for reimbursement. The certification shall attest to the following for each beneficiary with services included in the claim:
  - a. An assessment of the beneficiary was conducted in compliance with the requirements established in this Agreement.
  - b. The beneficiary was eligible per this Agreement to receive services at the time the services were provided to the beneficiary.
  - c. The services included in the claim were actually provided to the beneficiary.
  - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.

- e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this Agreement.
  - f. For each beneficiary with (day rehabilitation / day treatment intensive / EPSDT supplemental specialty mental health services) included in the claim, all requirements for Contractor payment authorization for (day rehabilitation / day treatment intensive / EPSDT supplemental specialty mental health services) were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this Agreement.
  - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
3. Except as provided in Paragraph II.A. of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, or the County.
- L. If the annual Cost Report provided to County shows that total payment to Contractor exceed the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Director of Health Services or her designee. By mutual agreement of County and Contractor, contract savings or "rollover" may be retained by Contractor and expended the following year, provided that these funds are expended for mental health services approved by County and are retained in accordance with Paragraph I.M. of this Exhibit B.
- M. Contractor may rollover unspent funding from the County according to the following procedures.

1. Contractor shall submit a summary calculation of any savings 90 days after end of the fiscal year. The summary calculation will be a separate report from the year-end cost report. With the summary calculation Contractor shall return the amount of the savings.
  2. At the time of the submission of the summary calculation. Contractor may request to rollover some or all of any savings. The request must be made in writing to the Director of Mental Health Services or her designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.
  3. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due 90 days after the specific purpose has been completed, or 90 days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
  4. If the specific purpose is not yet complete as of the end of the first succeeding fiscal year, contractor may make subsequent request(s) to rollover the unspent funds to the succeeding fiscal year(s) by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the Director of Mental Health Services or her designee approves the request.
  5. A final accounting of the rollover funds shall be submitted 90 days after the specific purpose has been completed, or 90 days after the end of the fiscal year in which rollover funds are spent, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
- N. Where discrepancies between costs and charges are found on the Cost Report to County, Contractor shall make a single payment to County when the total charges exceed the total actual costs for all of the services rendered to eligible patients during the reporting period. Likewise, a single payment shall be made to Contractor by County when the total actual costs exceed the total charges made for all of the services rendered to eligible patients during the reporting period and shall not exceed the total amount in Paragraph I.C of this Exhibit B.



- O. If County finds that performance is inadequate, a meeting may be called to discuss the causes for the performance problem, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated, subject to the provisions of Paragraph 4, of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement.

**Exhibit C**  
**Clara-Mateo Alliance, Inc.**  
**BUDGET 03/04**

	Total
<b>Income</b>	
<b>Foundations</b>	
Atkinson Foundation 02-03	5,000
Cisco Foundation	15,000
John & Marcia Goldman Fund	30,000
Peninsula Com. Foundation-Dental	19,232
PCF-Donor Advise Fund	20,000
Sobrato Foundation	25,000
Packard Found Gen'l ESC 150K	145,000
Packard Fdn Gen Oper ESC 170K	57,377
Packard Found 2 yr 125K	62,500
Palo Alto Weekly Holiday Fund	7,500
Misc. Foundations	90,000
<b>Total Foundations</b>	<b>476,609</b>
<b>Government Grants and Contracts</b>	
<b>Government Grant Revenue</b>	
City of Menlo Park	3,200
City of Mountain View - Family	5,000
City of Mountain View - Shelter	2,005
City of Palo Alto - Rehab	200,000
City of Palo Alto - Family	20,000
City of Palo Alto - Shelter	25,000
City of Palo Alto - HSRAP	18,125
City of Redwood City	20,000
City of San Jose	50,000
City of San Jose - Kitchen rehab	50,000
City of Sunnyvale	5,000
County of San Mateo CDBG/ESG	120,000
SMC Health Care for the Homeless	167,106
County of San Mateo-Optns	122,935
HUD SoSMC Women	74,078
HUD NoSCC Collab	199,103
HUD - Family Trans	132,743
HUD - El Paseo	0
HUD - Murphy Ranch	0
First Comm Hsg	0
FEMA-San Mateo	25,000
FEMA-Santa Clara	6,250
VA Grants & Per Diem	341,053
Food Stamp Program	17,592
<b>Total Gov't Grants/Contracts</b>	<b>1,504,190</b>
<b>Donations</b>	
Holiday Mail	50,000
Individual Donations	25,000
Anonymous Donations	20
Board Contributions	2,975
Board Refreshment Fund	50
Corporate Donations	1,618
Combined Federal Campn-Bay Area	299
Human Race	508
Another Way Canister Program	10,019
Faith Based Donations	2,251
<b>Total Donations</b>	<b>92,740</b>
<b>CMA Related Income</b>	
ESC - El Centro	8,770
ESC - Family Support Center	932
ESC - Co of SM HSA	1,254
ESC - Mayview Clinic	870
ESC - Family Connections	942
VTA Bus Passes	746
Vending Income	7,378
Laundry Income	1,627
Program Fees	0
Rent & Key Deposits	440
Program Fees - Transitional	66,804
<b>Program Fees - Shelter</b>	<b>39,012</b>
Family Transitional Program Fees	4,695
Money Management Income	0
Bank Interest & Dividend	478
Other Income	0
Anonymous Donations	1,380
Sale of Donated Items	1,035
<b>Total CMA Related Income</b>	<b>136,363</b>
<b>Total Income</b>	<b>2,209,902</b>
<b>Total Expenses</b>	<b>2,181,420</b>
<b>Net Surplus (Deficit)</b>	<b>28,482</b>

# Clara-Mateo Alliance, Inc.

## BUDGET 03-04

	Total
<b>Expenditures</b>	
Salaries & Wages	757,961
Payroll Taxes	76,526
Employee Benefits - Medical	51,464
Employee Benefits - Dental	4,932
Employee Benefits - Life Ins.	1,150
Employee Benefits-Vacation	6,165
Advertising	791
Another Way - Expenses	1,929
Bank Charges	486
Credit Card Processing Fee	286
Bus Passes	551
Canteen Expenses	2,364
Cell Phones	2,366
Cleaning/Janitorial Services	10,753
Clinical Services	137,396
Computer Repairs/Maintenance	7,286
Consultants	70,919
Contingency	25,000
Depreciation Expense	20,087
Leaschold Amortization Expense	35,000
Design	593
Donation Expenses	60
Drug Testing	4,718
Entertainment	2,005
Equipment Rent	11,086
Equipment Repairs & Maint	4,679
Executive Training	2,907
Staff Training	67
Facility Maintenance	7,535
Facility Rent	312,209
Garbage Pickup	59
Groceries	35,587
Insurance - Auto	5,636
Insurance - D&O	372
Insurance - Package	867
Insurance - Umbrella	633
Insurance - Professional	1,143
Insurance - Workers Comp	59,837
Janitorial Supplies	16,824
Late Fees	
Laundry	2,884
License & Permits	
Meals	77,540
Memberships	2,532
Mileage	283
Miscellaneous	4,296
Office Supplies	16,824
Parking/Tolls	253
Payroll Processing Fees	3,008
Postage	3,040
Printing	5,949
Professional Development	1,876
Promotion & Fund Raising	577
Returns	724
Seminar & Conferences	586
Services - Other	81,464
Small Tools & Equipment	2,601
Small Software	305
Stipends for Student Interns	
Subscriptions	189
Supplies	2,472
Technical Expenses	5,300
Telephone	35,542
Travel	31
Vehicle Expenses	1,962
Volunteer Coordinator Activities	240
Renovation	250,000
Web / Internet Expenses	713
<b>Total Expenditures</b>	<b>2,181,420</b>

Attachment I

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

Assurance of Compliance with Section 504 of the  
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. ☐ employs fewer than 15 persons.
- b. ☒ employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Bill George

Name of 504 Person - Type or Print

Clara-Mateo Alliance, Inc.  
Name of Contractor(s) - Type or Print

795 Willow Road Building 323-D  
Street Address or PO Box

Menlo Park  
City

CA  
State

94025  
Zip Code

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

11-13-2003

Date

Theresa A. ...

Signature and Title of Authorized Official

\*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

# COUNTY OF SAN MATEO

## Equal Benefits Compliance Declaration Form

### I Vendor Identification

Name of Contractor: Clara-Mateo Alliance, Inc.  
Contact Person: Norman Robinson  
Address: 795 Willow Road, Building 323-D  
Menlo Park, CA 94025  
Phone Number: 650-853-7065 Fax Number: 650-853-7083

### 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.\***

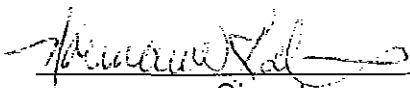
### III Equal Benefits Compliance (Check one)

- ☐ 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 13 day of November, 2003 at Menlo Park, CA.  
(City) (State)

  
Signature

Norman W. Robinson  
Name (Please Print)

Interim Exec. Dir.  
Title

**COUNTY OF SAN MATEO**  
**HEALTH SERVICES ADMINISTRATION**

**MEMORANDUM**

**DATE: September 26, 2003**

**TO: Priscilla Morse, Risk Management/Insurance Division**

**FROM: Liz Kauk, Mental Health Services/PONY #MLH 322**

**CONTRACTOR:** Clara-Mateo Alliance, Inc.

**DO THEY TRAVEL:** Yes

**PERCENT OF TRAVEL TIME:**

**NUMBER OF EMPLOYEES:** Yes

**DUTIES (SPECIFIC):** See attached

**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**

G: mhmaryandkaren/InsuranceApprovalPriscillaHarris

# STATE COMPENSATION INSURANCE FUND

P.O. BOX 807 SAN FRANCISCO CA 94142-0807

## CERTIFICATE OF WORKERS COMPENSATION INSURANCE

ISSUE DATE 10-01-2003

GROUP

POLICY NUMBER 1569143-2003

CERTIFICATE ID 8

CERTIFICATE EXPIRES 10-01-2004

10-01-2003/10-01-2004

COUNTY OF SAN MATEO NA

252 HARBOR BLVD BLDG A  
BELMONT CA 94002

This is to certify that we have issued a valid Workers Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance 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.



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS \$1,000,000.00 PER OCCURRENCE

EMPLOYER

LEGAL NAME

CLARA MATEO ALLIANCE  
795 WILLOW RD # 323-D  
MENLO PARK CA 94025CLARA MATEO ALLIANCE  
(A NON-PROFIT PUBLIC-BENEFIT CORP.)

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CG  
CLARA-1

DATE (MM/DD/YY)  
07/15/03

PRODUCER  
Lawson-Hawks Ins-Mountain View  
Lic. #0401806  
883 N.Shoreline Blvd.PO Box 39  
Mountain View CA 94042  
Phone: 650-964-8000 Fax: 650-864-0816

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

INSURER A: Safeco Insurance Company  
INSURER B: State Compensation Insurance  
INSURER C:  
INSURER D:  
INSURER E:

1ED

Clara Mateo Alliance  
Shefali Desai, COO  
795 Willow Rd #323-C108  
Menlo Park CA 94025

## 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	CP7769807B	11/08/03	11/08/04	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Owner/Cont Prot.				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY	01CG28190210	10/29/03	10/29/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
A	EXCESS LIABILITY	UL7769807	11/18/03	11/18/04	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	156914302	10/01/03	10/01/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS: 10TH-ER
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Certificate Holder is named as additional insured.

\*Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER | Y | ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

SAN MAT

County of San Mateo-  
Mental Health  
Caryl Fairfull  
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

*Ann M. Brown*



POLICY CHANGE EXTENSION  
EFFECTIVE: 10/29/03

PAGE 02  
AGT

NAMED INSURED: CLARA MATEO ALLIANCE

POLICY NUMBER: 01-CG-281902-2

\*\*\*\*\*  
\* COMMERCIAL AUTO \*  
\*\*\*\*\*

THE FOLLOWING HAS BEEN DELETED

VEHICLE 001 93 VLVO 960

YV1KW951XP0010035

THE FOLLOWING HAS BEEN CHANGED

ITEM TWO -- SCHEDULE OF COVERAGES AND COVERED AUTOS

COVERAGES	LIMIT OF INSURANCE	DEDUCTIBLE	COVERED AUTO SYMBOL	PREMIUM
LIABILITY	\$ 1,000,000		2,8,9	\$ 1,809.00
UNINSURED MOTORISTS	\$ 1,000,000		2	\$ 141.00
AUTO MEDICAL PAYMENTS	\$ 5,000		2	\$ 112.00
COMPREHENSIVE EACH COVERED AUTO	LESSER OF ACTUAL CASH VALUE OR REPAIR COST	\$ 250	2	\$ 80.00
COLLISION	LESSER OF ACTUAL CASH VALUE OR REPAIR COST	\$ 500	2	\$ 287.00

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CG  
CLARA-1

DATE (MM/DD/YY)  
06/24/03

PRODUCER  
Lawson-Hawks Ins-Mountain View  
Lic. #0401806  
883 N.Shoreline Blvd, PO Box 39  
Mountain View CA 94042  
Phone: 650-964-8000 Fax: 650-964-0816

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

INSURER A: Safeco Insurance Company  
INSURER B: State Compensation Insurance  
INSURER C:  
INSURER D:  
INSURER E:

Clara Mateo Alliance  
Shefali Desai, COO  
795 Willow Rd #323-C108  
Menlo Park CA 94025

## COVERAGES

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A	GENERAL LIABILITY	CP7769807B	11/08/03	11/08/04	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Owner/Cont Prot.				PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	01CG28190210	10/29/03	10/29/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				EA ACC \$
					AGG \$
A	EXCESS LIABILITY	UL7769807	11/18/03	11/18/04	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	156914302	10/01/03	10/01/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1000000

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

Certificate Holder is named as additional insured.

\*Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

## CANCELLATION

SANMPAL

San Mateo County Health  
Service Agency  
Attn: Pam Campbell  
2415 University Avenue  
East Palo Alto CA 94303

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

*Ann M Breen*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CG

CLARA-1

DATE (MM/DD/YY)

07/15/03

PRODUCER  
Lawson-Hawks Ins-Mountain View  
Lic. #0401806  
883 N.Shoreline Blvd.PO Box 39  
Mountain View CA 94042  
Phone: 650-964-8000 Fax: 650-864-0816

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HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
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INSURER A: Safeco Insurance Company  
INSURER B: State Compensation Insurance  
INSURER C:  
INSURER D:  
INSURER E:

RED

Clara Mateo Alliance  
Shefali Desai, COO  
795 Willow Rd #323-C108  
Menlo Park CA 94025

## COVERAGES

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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 <input checked="" type="checkbox"/> Owner/Cont Prot. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CP7769807B	11/08/03	11/08/04	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CG28190210	10/29/03	10/29/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UL7769807	11/18/03	11/18/04	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	156914302	10/01/03	10/01/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Certificate Holder is named as additional insured.

\*Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER

Y ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SAN MAT

County of San Mateo  
Attn: Rosa Mendoza  
262 Harbor Blvd., Bldg A  
Belmont CA 94002

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

*Ann M Breen*

<b>ACORD COMMERCIAL INSURANCE APPLICATION</b>		<b>DATE</b>	
<b>APPLICANT INFORMATION SECTION</b>		<b>OP ID MH 11/04/03</b>	
<b>PRODUCER</b>	<b>PHONE (A/C, No, Ext):</b>	<b>CARRIER</b>	<b>UNDERWRITER</b>
	650-964-8000	<b>NAIC CODE:</b>	
Lawson-Hawks Insurance Assoc. LIC. #0401806 883 N.Shoreline Blvd, PO Box 39 Mountain View CA 94042 Walter Joyce		<b>Safeco Insurance Company</b>	
<b>POLICIES OR PROGRAM REQUESTED</b>			
package, umb, misc prof, crime			
<b>INDICATE SECTIONS ATTACHED</b>		<b>EQUIPMENT FLOATER</b>	<b>GARAGE AND DEALERS</b>
<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input type="checkbox"/> WORKERS COMPENSATION
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	
<b>CODE:</b>	<b>SUB CODE:</b>		
<b>AGENCY CUSTOMER ID</b>			
CLARA-1			

**STATUS OF SUBMISSION****PACKAGE POLICY INFORMATION**

<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<b>ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.</b>			
<b>BOUND (Give Date and/or Attach Copy):</b>		<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>
<b>DATE</b>	<b>TIME</b>			<input checked="" type="checkbox"/> DIRECT BILL	<b>ANNUAL</b>
		11/08/03	11/08/04	<input type="checkbox"/> AGENCY BILL	

**APPLICANT INFORMATION**

<b>NAME (First Named Insured &amp; Other Named Insureds)</b>		<b>FEIN OR SOC SEC # (of First Named Ins):</b>	<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b>	
Clara Mateo Alliance			795 Willow Rd #323-D Menlo Park, CA 94025	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER S CORPORATION	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<b>CREDIT BUREAU ID NUMBER</b>
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION		(See page 3 for business type other description.)
<b>INSPECTION CONTACT</b>		<b>PHONE (A/C, No, Ext):</b>	<b>ACCOUNTING RECORDS CONTACT</b>	<b>PHONE (A/C, No, Ext):</b>
Eve		650-853-7073	same	
				<b>YEAR START</b>
				1999

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
001	001	Same as mailing address	<input checked="" type="checkbox"/> INSIDE	OWNER	1965	1/2
			<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

001 001 Non-profit service counseling to the homeless population. Social Service organization.
--

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	2. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	4. ANY CATASTROPHE EXPOSURE?	
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO		<input checked="" type="checkbox"/>	7. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
			8. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	

<b>REMARKS</b>	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)	
<b>APPLICANT'S SIGNATURE</b>	<b>PRODUCER'S SIGNATURE</b>
<i>Eve M. Mateo</i>	Walter Joyce

## PRIOR CARRIER INFORMATION

CLARA-

LINE	CATEGORY	99-01											
1	CARRIER	Safeco											
	POLICY NUMBER	CPP7769807A											
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE	10/01/99 10/01/01											
	GENERAL AGGREGATE	2,000,000											
	PRODUCTS COMP OF AGGREGATE	2,000,000											
	PERSONAL & ADV INJ	1,000,000											
	EACH OCCURRENCE	1,000,000											
	FIRE DAMAGE	50,000											
	MEDICAL EXPENSE	5,000											
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
2	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
3	CARRIER	SAMS											
	POLICY NUMBER												
	POLICY TYPE	PROPERTY											
	EFF-EXP DATE												
	BUILDING	AMT											
	X PERS PROP	AMT	40000										
	MODIFICATION FACTOR												
TOTAL PREMIUM													
4	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	PROFESSION											
	EFF-EXP DATE												
	LIMIT	1000000											
	MODIFICATION FACTOR												
TOTAL PREMIUM													

## LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						X	CHK HERE IF NONE	SEE ATTACHE LOSS SUMMA
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLA	STAT	
								0
								0
								0
								0

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY.

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

<b>ACORD CRIME SECTION</b>		DATE (MM/DD/YY) <b>11/04/03</b>	
PRODUCER: <b>PHONE (A/C, No, Ext): 650-964-8000</b> <b>Lawson-Hawks Insurance Assoc.</b> <b>LIC. #0401806</b> <b>883 N. Shoreline Blvd, PO Box 39</b> <b>Mountain View CA 94042</b>		APPLICANT (First Named Insured): <b>Clara Mateo Alliance</b>	
EFFECTIVE DATE: <b>11/08/03</b> EXPIRATION DATE: <b>11/08/04</b>		<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN <b>ANNUAL</b>
AUD: <b>Walter Joyce</b>		BASIS FOR COVER <input type="checkbox"/> DISCOVERY <input type="checkbox"/> LOSS SUSTAIN	
CODE:                      SUB CODE:		FOR COMPANY USE ONLY	
AGENCY CUSTOMER ID: <b>CLARA-1</b>			

## PLAN 1

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE
<b>A</b>	EMPLOYEE DISHONESTY			<b>E</b>	PREMISES BURGLARY	\$	
	<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 10,000	250		<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
	ERISA			<b>F</b>	COMPUTER FRAUD	\$	
	TOTAL ASSET VALUE \$	\$		<b>G</b>	EXTORTION		
<b>B</b>	FORGERY OR ALTERATION	\$ 10,000	250		(Ins Loss Participation _____ %)	\$	
<b>C</b>	THEFT, DISAPPEARANCE & DESTRUCTION			<b>H</b>	PREMISES THEFT & ROBBERY OUTSIDE		
	SEC 1 - INSIDE THE PREMISES	\$			SEC 1 - THEFT	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 2 - ROBBERY OUTSIDE	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
<b>D</b>	ROBBERY & SAFE BURGLARY	\$		<b>Q</b>	ROBBERY & SAFE BURGLARY	\$	
	SEC 1 - INSIDE; ROBBERY OF CUSTOMER'S SAFE BURGLARY	\$			MONEY & SECURITIES	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 1 - INSIDE THE PREMISES	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		

## COVERAGE AMENDMENTS (Endorsements)

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## ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC. HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS

IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?

YES NO

## CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A &amp; B)

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement). OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:			
NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	<u>1</u> MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	<u>1</u> CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPeople	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS: <u>1</u>	TOTAL NUMBER OF OTHER EMPLOYEES: <u>6</u>	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS: NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES: NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

## CONTROLS (Coverage Form A)

1. IS THERE AN AUDIT BY? <input checked="" type="checkbox"/> CFA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	BANKING OTHER	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. AUDIT FREQUENCY? <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:		6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. DOES AUDIT INCLUDE INVENTORY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input checked="" type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## MONEY - SECURITIES (Coverages Forms C &amp; Blanket Coverage, By Locations)

CLARA-

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOS)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

## PROPERTY (Coverage Forms D, E, &amp; H)

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

## GENERAL INFORMATION (All Coverage Forms Except A &amp; B)

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO	OTHER INFORMATION

## SAFE/VAULT (Coverage Forms C, D &amp; Q)

MANUFACTURER	LABEL	CLASS	DOOR TYPE ROUND SQUARE	COMBINATION LOCKS OUTER INNER CHEST	THICKNESS DOOR (EXCL. BOLTWORK) WA
	UL				
	SMNA				
	UL				
	SMNA				

## MESSENGER PROTECTION (Coverage Forms C, D &amp; Q)

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PREMISES/SAFE PROTECTION (Coverage Forms C, D, E &amp; H)

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION	ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERS
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE/VAULT			
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		PARTIAL			
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		COMPLETE			
	WITH KEYS	ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)	
CERTIFICATE NUMBER						
EXPIRATION DATE:						

## AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY

1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, INDEPENDENT OF YOUR ORGANIZATION?	YES NO	5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	YES
<input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE		6. DATE OF COMPLETION OF LAST AUDIT OF:	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT		CASH & ACCOUNTS	INVENTORY
		7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.	
3. ALL LOCATIONS AUDITED?	X	9. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT.	
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT.	X	IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	

## INTERNAL CONTROL - SAA COMMERCIAL

EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES NO	EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	X	3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED?	X		

## REMARKS

--





**GENERAL INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

YES

1. IN THE EVENT OF A MAJOR OR TOTAL LOSS COULD YOU RETURN TO OPERATION WITHIN ONE WEEK?

7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?

8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?

2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)

9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?

10. DOES THE PREMISES HAVE A BURGLAR ALARM?

3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?

11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?

4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?

UNINTERRUPTIBLE POWER SOURCE

5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACT?

LINE CONDITIONER

POWER SUPPRESSOR VOLTAGE REGULATOR

DEDICATED LINE

**COMPUTER ROOM INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

YES

1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM?

6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?

2. IS ACCESS TO THE ROOM RESTRICTED?

FLOOR CONSTRUCTION TYPE

☐ COMBUSTIBLE☐ NON-COMBUSTIBLE

3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?

BELOW FLOOR PROTECTION

4. IS THERE A SEPARATE AIRCONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?

☐ SMOKE DETECTORS☐ OTHER☐ HALON SYSTEM/CO<sub>2</sub> SYSTEM☐ NONE

5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:

☐ NONE☐ HALON☐ WET SPRINKLER☐ CO<sub>2</sub>☐ DRY SPRINKLER SYSTEM☐ OTHER

7. ALARM TYPE

LOCAL

CENTRAL

TEMPER

HUMIDITY

SMOKE

FIRE

**MEDIA AND DATA (SOFTWARE) INFORMATION**

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?

3. HOW OFTEN IS DATA BACKED UP?

2. ARE DUPLICATES OF SOFTWARE MAINTAINED?

☐ DAILY☐ MONTHLY☐ YEARLY☐ WEEKLY☐ QUARTERLY☐ OTHER**SOFTWARE DUPLICATES & DATA BACKUP STORAGE**

DUPLICATE SOFTWARE

DATA BACKUPS

ON PREMISES LOCATION INFORMATION

☐ ON PREMISES☐ ON PREMISES☐ SAFE☐ COMPUTER ROOM☐ OFF PREMISES☐ OFF PREMISES☐ VAULT☐ OTHER

NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION

**ADDITIONAL INTEREST**

INTEREST

NAME AND ADDRESS

INTEREST IN ITEM

☐ ADDITIONAL INSURED☐ LOSS PAYEE☐ MORTGAGEE☐ LIENHOLDER☐ OTHER

LOCATION #:

BUILDING #:

ITEM #:

OTHER:

☐ CERTIFICATE REQUIRED

REFERENCE #:

INTEREST

NAME AND ADDRESS

INTEREST IN ITEM

☐ ADDITIONAL INSURED☐ LOSS PAYEE☐ MORTGAGEE☐ LIENHOLDER☐ OTHER

LOCATION #:

BUILDING #:

ITEM #:

OTHER:

☐ CERTIFICATE REQUIRED

REFERENCE #:

REMARKS:

**ACORD COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YY)

OP ID: MH 11/04/03

PRODUCER PHONE (A/C, No, Ext): 650-964-8000  
 FAX NO. (A/C, No, Ext):  
**Lawson-Hawks Insurance Assoc.**  
**LIC. #0401806**  
**883 N. Shoreline Blvd, PO Box 39**  
**Mountain View CA 94042**  
**Walter Joyce**

APPLICANT (First Named Insured)  
**Clara Mateo Alliance**

EFFECTIVE DATE <b>11/08/03</b>	EXPIRATION DATE <b>11/08/04</b>	DIRECT BILL <input type="checkbox"/>	PAYMENT PLAN <b>ANNUAL</b>	AUD
		<input checked="" type="checkbox"/> AGENCY BILL		

FOR COMPANY USE ONLY

CODE: SUB CODE:

AGENCY CUSTOMER ID: CLARA-1

**COVERAGES**

☒ **COMMERCIAL GENERAL LIABILITY**  
☐ CLAIMS MADE ☒ OCCURRENCE  
☒ **OWNER'S & CONTRACTOR'S PROTECTIVE**  
☒ **Sexual Misconc-\$500000**

**DEDUCTIBLES**

☐ PROPERTY DAMAGE \$  
☐ BODILY INJURY \$  
☐ \$ PER CLAIM PER OCCURRENCE

**LIMITS**

GENERAL AGGREGATE	\$ 3,000,000	PREMIUMS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 3,000,000	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
EACH OCCURRENCE	\$ 1,000,000	
FIRE DAMAGE (Any one fire)	\$ 200,000	PRODUCTS
MEDICAL EXPENSE (Any one person)	\$ 10,000	
EMPLOYEE BENEFITS	\$ 1,000,000	
		OTHER
		TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

**SCHEDULE OF HAZARDS**

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUC
001	Homeless shelter & counseling		130 beds					

**RATING AND PREMIUM BASIS**(S) GROSS SALES - PER \$1,000/SALES  
(P) PAYROLL - PER \$1,000/PAY(A) AREA - PER 1,000/SQ FT  
(C) TOTAL COST - PER \$1,000/COST(M) ADMISSIONS - PER 1,000/ADM  
(U) UNIT - PER UNIT

(T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

1. PROPOSED RETROACTIVE DATE:  
 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:  
 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?  
 YES NO  
☒ ☐  
 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?  
☒

**EMPLOYEE BENEFITS**

1. DEDUCTIBLE PER CLAIM: \$  
 2. NUMBER OF EMPLOYEES:  
 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:  
 4. RETROACTIVE DATE:

REMARKS

REMARKS

**CONTRACTORS**

CLARA -

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?			4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	

REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED

\$ PAID TO SUB-CONTRACTORS:

% OF WORK SUBCONTRACTED:

# FULL-TIME STAFF:

# PART-TIME STAFF:

Type of work subcontracted remarks:

Sexual Misconduct Agg Limit- \$500,000 Aggregate limit, employee Benefits-\$3,000,000 Aggregate, Deductible \$1,000 Each Employee

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		<input checked="" type="checkbox"/>	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?		<input checked="" type="checkbox"/>	7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		<input checked="" type="checkbox"/>	8. PRODUCTS UNDER LABEL OF OTHERS?	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>	9. VENDORS COVERAGE REQUIRED?	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		<input checked="" type="checkbox"/>	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

**ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE					VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/>
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER: <input type="checkbox"/>
<input type="checkbox"/> LIENHOLDER					OTHER <input type="checkbox"/>
<input type="checkbox"/> EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		<input checked="" type="checkbox"/>	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		<input checked="" type="checkbox"/>	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	
3. DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		<input checked="" type="checkbox"/>	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		<input checked="" type="checkbox"/>	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		<input checked="" type="checkbox"/>	16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		<input checked="" type="checkbox"/>	17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
7. ANY PARKING FACILITIES OWNED/RENTED?		<input checked="" type="checkbox"/>	18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?	
8. IS A FEE CHARGED FOR PARKING?		<input checked="" type="checkbox"/>	19. IS THERE A FORMAL WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input checked="" type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?		<input checked="" type="checkbox"/>	20. DOES THE BUSINESSES PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
10. IS THERE A SWIMMING POOL ON THE PREMISES?		<input checked="" type="checkbox"/>		
11. SPORTING OR SOCIAL EVENTS SPONSORED?		<input checked="" type="checkbox"/>		

REMARKS

3 years experience, no claims or incidents- professionally managed

<b>ACORD PROPERTY SECTION</b>					CLARA-1		OP ID ME		DATE 11/04/03		
<b>PRODUCER</b> <small>PHONE (A/C, No, Ext):</small> 650-964-8000 650-964-0816 <b>Lawson-Hawks Insurance Assoc.</b> <b>LIC. #0401806</b> <b>883 N. Shoreline Blvd, PO Box 39</b> <b>Mountain View CA 94042</b> <b>Walter Joyce</b>			<b>APPLICANT</b> <small>(First Named Insured)</small> <b>Clara Mateo Alliance</b>								
<b>CODE:</b> _____ <b>SUB CODE:</b> _____ <b>AGENCY CUSTOMER ID:</b> CLARA-1			<b>EFFECTIVE DATE</b> 11/08/03		<b>EXPIRATION DATE</b> 11/08/04		<b>DIRECT BILL</b> <input checked="" type="checkbox"/> <b>AGENCY BILL</b>		<b>PAYMENT PLAN</b> ANNUAL		
			<b>FOR COMPANY USE ONLY</b>								
<b>PREMISES INFORMATION</b>			<b>PREMISES #:</b> 001		<b>BUILDING #:</b> 001		<b>STREET ADDRESS:</b> Same as mailing address				
<b>SUBJECT OF INSURANCE</b>		<b>AMOUNT</b>	<b>COINS %</b>	<b>VALUATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DEDUCTIBLE</b>	<b>FORMS AND CONDITIONS TO APPLY</b>			
BUS PERS PROP		40000	100	R/C	SPECIAL		1000				
EXT EXP		10000	-	-	SPECIAL		0	40/80/100			
EDP		15000	100	R/C	SPECIAL		1000				
<b>ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE</b>					<b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<input checked="" type="checkbox"/> <b>EXTRA EXPENSE</b>				
<b>TYPE OF BUSINESS</b>		<b>ORDINARY PAYROLL</b>		<b>POWER/HEAT</b>	<b>EXT PERIOD</b>	<b>TUITION FEES</b>		<b>OFF PREM POWER</b>		<b>DEPEND PROP</b>	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS: _____		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		\$ _____ DED ELEC MEDIA DAYS \$ _____ ORD OR LAW DAYS	DAYS MO PERIOD LIMIT MAX PERIOD	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		% COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>								<input checked="" type="checkbox"/> <b>EXTRA EXPENSE</b> _____ <b>DAYS PERIOD R</b> <b>LIMIT LOSS PAY</b> 40 % 80 % 100 %			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>											
<b>CONSTRUCTION TYPE</b>		<b>DISTANCE TO HYDRANT</b>		<b>FIRE DISTRICT/CODE NUMBER</b>		<b>PROY CL</b>		<b># STORIES</b>	<b># BASMTS</b>	<b>YR BUILT</b>	<b>TOTAL AREA</b>
C CLASS		100 FT 1 MI		City of Menlo		4		2	0	1965	15000
<b>BUILDING IMPROVEMENTS</b>				<b>BLDG CODE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>			
<input checked="" type="checkbox"/> WIRING, YR: 99 <input checked="" type="checkbox"/> ROOFING, YR: 95 OTHER: all ok				<input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> HEATING, YR: 99	GRADE WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	F HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>RIGHT EXPOSURE &amp; DISTANCE</b>				<b>LEFT EXPOSURE &amp; DISTANCE</b>				<b>REAR EXPOSURE &amp; DISTANCE</b>			
C class hosp -100'				C class hosp				Rkg Lot			
<b>BURGLAR ALARM TYPE</b>				<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	<b>CENTRAL STATION WITH KEYS</b>	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>								<b># GUARDS/WATCHMEN</b>		<b>CLOCK HOURLY</b>	
staffed 24 hrs per day											
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO/Chemical Systems)</b>						<b>% SPRNK</b>		<b>FIRE ALARM MANUFACTURER</b>		<input checked="" type="checkbox"/> <b>CENTRAL STATION</b> <input type="checkbox"/> <b>LOCAL GONG</b>	
extinguishers						100		ADT			
<b>ADDITIONAL INTERESTS</b>											
<b>RANK:</b>		<b>NAME AND ADDRESS</b>			<b>EVIDENCE</b>		<b>RANK:</b>		<b>NAME AND ADDRESS</b>		
<b>INTEREST</b>					<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY		<b>INTEREST</b>				
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE							<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POL		
<b>VALUE REPORTING INFORMATION</b>											
<b>REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS</b>					<b>PREMISES/BUILDING</b>		<b>ANY OTHER LOCATION DECLARED AT INCEPTION</b>		<b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b>		<b>PREMISES NOT OWNED OR ACQUIRED LIMIT</b>
SUBJECT OF INSURANCE											

<b>ACORD COMMERCIAL INSURANCE APPLICATION</b>		DATE 11/04/03	
APPLICANT INFORMATION SECTION		OP ID MR	
PRODUCER PHONE (A/C, No, Ext): 650-964-8000 650-964-0816 Lawson-Hawks Insurance Assoc. LIC. #0401806 883 N. Shoreline Blvd, PO Box 39 Mountain View CA 94042 Walter Joyce	CARRIER NAIC CODE: Safeco Insurance Company	UNDERWRITER	
POLICIES OR PROGRAM REQUESTED Umbrella/Excess Liability			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
PROPERTY		INSTALLATION/BUILDERS RISK	
GLASS AND SIGN		ELECTRONIC DATA PROC	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL LIABILITY	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	
GARAGE AND DEALERS		VEHICLE SCHEDULE	
BOILER & MACHINERY		WORKERS COMPENSATION	
UMBRELLA			
CODE:	SUB CODE:		
AGENCY CUSTOMER ID CLARA-1			

## STATUS OF SUBMISSION

## PACKAGE POLICY INFORMATION

QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME	11/18/03	11/18/04	DIRECT BILL	
AM	PM			<input checked="" type="checkbox"/> AGENCY BILL	

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) Clara Mateo Alliance		FEIN OR SOC SEC # (of First Named Ins): PHONE (A/C, No, Ext):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) Eve Agawich- Director Counsel 795 Willow Rd #323-D Menlo Park CA 94025	
INDIVIDUAL	CORPORATION	SUBCHAPTER S CORPORATION	NOT FOR PROFIT ORG	CR BUREAU NAME
PARTNERSHIP	JOINT VENTURE	LIMITED CORPORATION		CREDIT BUREAU ID NUMBER (See page 3 for business type other description.)
INSPECTION CONTACT PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext):		

## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
001	001	795 Willow road, #323-D Menlo Park CA 94025	<input checked="" type="checkbox"/> INSIDE	OWNER	1965	50%
			<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		

## NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

001	001	Non-Profit service counseling to the homeless population. Social Service organization
1	1	
2	1	

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES/NO	EXPLAIN ALL "YES" RESPONSES	YES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	7. ANY PAST OR PRESENT SEXUAL HARASSMENT OR MOLESTATION?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (If yes, please disclose the existence of an arson conviction is a misdemeanor or a felony by a sentence of up to one year of imprisonment.)	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
4. ANY CATASTROPHE EXPOSURE?	<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 6 YEARS?	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input checked="" type="checkbox"/>		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO	<input checked="" type="checkbox"/>		

REMARKS 2) SB 198- Workers Compensation

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE <i>Eve U. Agawich</i>	PRODUCER'S SIGNATURE Walter Joyce
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## PRIOR CARRIER INFORMATION

CLARA-

LINE	CATEGORY												
GENERAL COMMERCIAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCU
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
MODIFICATION FACTOR													
TOTAL PREMIUM													
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
MODIFICATION FACTOR													
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													

## LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT, AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

☒ CHK HERE  
X IF NONE

SEE ATTACHED  
LOSS SUMMA

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLA STAT
						a
						c
						a
						c

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT, OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

**ACORD UMBRELLA SECTION**

CLARA-1

OP ID MH

DATE (MM/DD/YY)  
11/04/03

PRODUCER - PHONE  
(A/C, No, Ext): 650-964-8000  
Lawson-Hawks Insurance Assoc.  
LIC. #0401806  
883 N. Shoreline Blvd, PO Box 39  
Mountain View CA 94042  
Walter Joyce

APPLICANT  
(First  
Named  
Insured) Clara Mateo Alliance

EFFECTIVE DATE 11/18/03	EXPIRATION DATE 11/18/04	DIRECT BILL <input checked="" type="checkbox"/>	PAYMENT PLAN	AUD
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FOR  
COMPANY  
USE ONLY

CODE: AGENCY  
CUSTOMER ID: 650-964-0816

**POLICY INFORMATION**

TRANSACTION TYPE	PROPOSED RETROACTIVE DATE	LIMIT OF LIABILITY	RETAINED LIMIT
<input checked="" type="checkbox"/> NEW		\$ 1,000,000	EACH OCCURRENCE \$ 10,000
<input type="checkbox"/> RENEWAL		\$ 1,000,000	

EXPIRING POL #: UL7769807 CURRENT RETROACTIVE DATE: 11/18/03 FIRST DOLLAR DEFENSE ☒ YES

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES %
1	795 Willow Road #223-C Menlo Park, Ca 94025	600,000	1,000,000	0
				35

**UNDERLYING INSURANCE**

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	RAM
AUTOMOBILE LIABILITY	Safeco Ins 01 CG 281903-2	10/29/03	10/29/04	CSL \$ 1,000,000	\$1750	
				BI \$	\$	
				PD \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	First National CP07769807	11/18/03	11/18/04	EACH OCCURRENCE \$ 1,000,000	PREWOPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE \$ 1,000,000	PRODUCTS	
				PERSONAL & ADV INJURY \$ 1,000,000	\$	
				FIRE DAMAGE \$ 50,000	OTHER	
				MEDICAL EXPENSE \$ 5,000	\$	
EMPLOYERS LIABILITY	State fund 156914302	10/01/03	10/01/04	EACH ACCIDENT \$ 1,000,000	\$	
				DISEASE POLICY LIMIT \$ 1,000,000		
				DISEASE EACH EMPLOYEE \$ 1,000,000		
Other	Prof Liab LP7769807	11/18/03	11/18/04	2,000,000		
				1,000,000		

**UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)**

1 ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? ☒ UNLIMITED?

2 INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? YES

4 FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5 FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6 FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES, EFF. DATE:

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION, EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOS
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input checked="" type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input checked="" type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
	GARAGEKEEPERS LIABILITY			
	INCIDENTAL MEDICAL MALPRACTICE			
	LIQUOR LIABILITY			
	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)  
None

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING)

☒ NO SUCH CLAIMS

ACORD 131 (1/96)

ATTACH TO APPLICANT INFORMATION AND COMMERCIAL LIABILITY SECTIONS

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## CARE, CUSTODY, CONTROL

CLARA-

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	<input checked="" type="checkbox"/> REAL							
	PERSONAL	1,000,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			4000	Homeless Shelter
	REAL							
	PERSONAL							
	REAL							
	PERSONAL							

\*APPLICANT: (A) IS HELD HARMLESS IN THE LEASE, (B) HAS A WAIVER OF SUBROGATION, (C) IS A NAMED INSURED IN THE FIRE POLICY, (D) OTHER (specify)

## ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
<b>ADVERTISERS LIABILITY</b>			<b>POLLUTION LIABILITY EPA#:</b>		
1. MEDIA USED:		ANNUAL COST: \$	20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		<input checked="" type="checkbox"/>	21. INDICATE THE COVERAGES CARRIED:		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION		
<b>AIRCRAFT LIABILITY</b>			<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?		<input checked="" type="checkbox"/>	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT		
<b>AUTO LIABILITY</b>			<input type="checkbox"/> SEPARATE POLLUTION COVERAGE		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGOS HAULED?		<input checked="" type="checkbox"/>	<b>PRODUCT LIABILITY</b>		
6. ARE PASSENGERS CARRIED FOR A FEE?		<input checked="" type="checkbox"/>	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		<input checked="" type="checkbox"/>	23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		<input checked="" type="checkbox"/>	24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		<input checked="" type="checkbox"/>	25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
<b>CONTRACTORS LIABILITY</b>			26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		<input checked="" type="checkbox"/>	\$ n/a      \$ n/a      \$ n/a		
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):					
			<b>PROTECTIVE LIABILITY</b>		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):	27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):				
			if any		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		<input checked="" type="checkbox"/>	<b>WATERCRAFT LIABILITY</b>		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		<input checked="" type="checkbox"/>	28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
<b>EMPLOYERS LIABILITY</b>			# OWNED      LENGTH      HORSEPOWER		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		<input checked="" type="checkbox"/>			
16. SUBJECT TO:	JONES ACT	FELA	STOP GAP		
OTHER:					
<b>INCIDENTAL MALPRACTICE LIABILITY</b>			<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		<input checked="" type="checkbox"/>	# STORIES	# UNITS	# SWIMMING POOLS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		<input checked="" type="checkbox"/>	# DIVING BOARDS		
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:			

## REMARKS

## VEHICLES

	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200+ MI
PRIVATE PASSENGER	LIGHT	1			food donations	<input checked="" type="checkbox"/>		
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX. HEAVY							
BUSES								

APPLICABLE ONLY IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT:

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

(INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIAL)

## IMPORTANT

THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE