

AMENDMENT TO THE AGREEMENT

THIS AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and AMERICAN MEDICAL RESPONSE WEST (hereinafter called "Contractor"),

WITNESSETH:

WHEREAS, on September 15, 1998, the parties hereto entered into an agreement (hereinafter referred to as the "Original Agreement") for the furnishing of Countywide Advanced Life Support First Response and Emergency Ambulance Service by Contractor to County as set forth in that Original Agreement; and

WHEREAS, that Agreement was amended October 8, 2002; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to further amend the Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Section 14. of the Agreement is hereby amended to read as follows:

14. Term of Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from January 1, 1999 through December 31, 2006, with an option for a two-year extension at the sole discretion of the County. However, if County reasonably determines that Contractor or Subcontractor has failed to comply with any of the provisions of this Agreement, County shall give written notice setting forth the specific deficiency, the required correction and a reasonable time period to correct the deficiency. If said deficiency is the result of Subcontractor's performance, Contractor shall within one (1) business day give written notification to Subcontractor. Upon County's determination that Contractor or Subcontractor has failed to timely cure the deficiency, County may either (a) terminate this Agreement upon 120 days written notice or (b) direct

Contractor to terminate its Subcontract with the Subcontractor.

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

1. This amendment is hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement shall be binding on all parties hereto.

NOW, THEREFORE, IT IS AGREED BY THE PARTIES that the Agreement of September 15, 1998, be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors

Date: _____

ATTEST:

Clerk of Said Board

AMERICAN MEDICAL RESPONSE
WEST
A CALIFORNIA CORPORATION

By: _____
Louis K. Meyer
Vice President & Secretary

Date: _____

By: _____
Timothy J. Dom
Vice President & Assistant Secretary

Date: _____

ACORD CERTIFICATE 06 LIABILITY INSURANCE

CSR MC
ORCJt+?-2

DATE (MM/DD/YY)
12/16/03

NEW DUCGR

CLAIMS INFORMATION: Air, LQB -
sol MILMBY VZbLYaLBy ES 9 6x0
TOWSON ND 21204
Phone: ~10-296--1S-O F~~~~410~296-17*1

v.mmmam

AMERICAN MEDICAL RESPONSE
6200 S. Syracuse Way, #200
Greenwood Village, CO 80111

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.

IWAJGKB AF?FchJING COVERAGE

| | |
|--|-------|
| INSURER A: AtUtIISV EeEw HaWE AS-ZE CO | 19380 |
| INSURER B: m!&m 0 m w ES. Da PA. | IS429 |
| MSUERO: Amrrraswa. CO- | 19445 |
| WARRIOR 0: | |
| INUPMB: | |

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.

| CLASS | ADD'L LTR | INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------|-----------|---|--|----------------------------------|-----------------------------------|--|
| A | X | GENERAL LIABILITY | RMGL1737966 | 09/01/03 | 09/01/04 | EACH OCCURRENCE \$ 5,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PROPERTY TO RENTED PREMISES (Ex occurrence) \$ 1,000,000 |
| | | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 50,000 |
| | | GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | PERSONAL & ADV INJURY \$ 5,000,000 |
| m | X X | AUTOMOBILE LIABILITY | lv-ciG27i086 (UXZ) rtJ!ms279059 (TX) PZiES527\$058 [VA) RIUCU27-060 (I!UIJ zmcma7m57 cwm | 09/01/03 | 09/01/04 | COMBINED SINGLE LIMIT (Ex accident) \$ 5,000,000 |
| | | <input checked="" type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | |
| | | DAMAGE LIABILITY | | | | AUTO ONLY-BSAIGIOT3JT \$ |
| | | ANY AUTO | | | | GAACC \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | % m m ACC \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | MCUDCCURRBp=E \$ |
| | | DEDUCTIBLE | | | | REGAE \$ |
| | | RETENTION \$ | | | | \$ |
| B | X | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | RHWCC3715347 (AOS) *SEE ATTACHED NOTE PAGE | 09/01/03 | 09/01/04 | Yf IYrnG1 I PI% \$ |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MBER EXCLUDED? | | | | ELI3G1I-ENT 1 5,000,000 |
| | | OTHER SPECIAL PROVISIONS below | | | | olbEnBel--aMrl.--ee 5 5,000,0,0DI |
| | | | | | | GL DISEASE-POLICY LIMIT \$ 5,000,000 |
| C | | D&BG%BLIA I'OBIK | BE2860448 | 09/01/03 | :09E01/04 | EAcM occ 55,000,000 - O A T E \$5,000,000 |

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

ADDITIONAL NAMED INSURED: AMERICAN MEDICAL RESPONSE, 1616 ROUILIXS ROAD, BURLINGAME, CA 94010 THE COUNTY OF SAN MATEO, ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE LISTED AS ADDITIONAL INSURED UNDER GENERAL AND AUTO LIABILITY ONLY. INSURANCE IS CONSIDERED PRIMARY OVER ANY OTHER INSURANCE MAINTAINED BY CERTIFICATE HOLDER.

CERTIFICATE HOLDER

AGENT

COUNTY OF SAN MATEO
HEALTH SERVICES AGENCY
DEPARTMENT OF HEALTH SERVICES
225 WEST 37TH AVENUE
SAN MATEO, CA 94403

COSANKI

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
FELICIA M. BUSCEMI

Felicia M. Buscemi

IMPICRTANT

If the cerfJficate bolder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement an this certificate does not cony tight& to the certfkate holder im lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**; 6UbjecI (P lhe terms and amdifms of the policy, certain poliiis may require an endorsement. A s~enf on this cetiiceb doea not confer rights b the ~tiificabz holder in lieu of such endorse w4(s).

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DISCLAIMER

me Catificate af lttSURanCe dthe reverse side d this form does not constitute a as-&act b&veen the isstling inSUREt(S), aufhw&d representative or ptodllcet, and the certfkztte holder, nor does It affimatvely Or negatively amekd, extend orakf2r tie coverage afforded by the policies listed thereon.

NOTE: PAID

WORKERS COMPENSATION INFORMATION FOR THE FOLLOWING STATES

- 1. CALIFORNIA - AMERICAN HOME ASSURANCE CO. #RMWC3715349
- 2. NEW YORK - AMERICAN HOME ASSURANCE CO. #RMWC3715346
- 3. ARIZONA, IDAHO, OREGON - AMERICAN HOME ASSURANCE CO. #RMWC3715345
- 4. CONNECTICUT - AMERICAN HOME ASSURANCE CO. # RMWC3715343
- 5. MASSACHUSETTS - AMERICAN HOME ASSURANCE CO. # RMWC3715344
- 6. WISCONSIN - INSURANCE CO. OF THE ST. PA. # RMWC3715348
- 7. EXCESS WORK COMP SELF INSURED STATES (OH, WA, WY)
AMERICAN HOME ASSURANCE CO #RMWC3715342

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