CONTRACT INSURANCE APPROVAL

DATE: 11/2/05 TO: Steve Rossi FAX: 363-4864 PONY: EPS 163 FROM: Donna Spillane, Environmental Services Agency PHONE: x4840 FAX: x1696 PONY: ESA 128

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

CONTRACTOR NAME: San Mateo County Historical Association

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? Contractor performs services at three specific sites. Employees or volunteers may need to travel to sites to provide services.

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: 12 full time, 8 part time, 200 volunteers

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Curatorial services at County Museum, docent and interpretive services at Sanchez Adobe and Woodside Store, coordination of sesquicentennial activities.

The following will be completed by Risk Management:

| INSURANCE COVERAGE: | Amount | Approve | Waive | Modify |
|---------------------------------|-------------|---------|----------|--------|
| Comprehensive General Liability | * / milling | | | |
| Motor Vehicle Liability | | | | |
| Professional Liability | | | | |
| Workers' Compensation | i fatisting | | | |
| REMARKS/COMMENTS: | | | | |
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| Risk Management Signature | | | Date | |