

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND  
SEQUOIA HOSPITAL**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
and between the COUNTY OF SAN MATEO, hereinafter called "County," and  
SEQUOIA HOSPITAL, 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 the Falls Prevention Task Force:

**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 FIVE THOUSAND ONE HUNDRED FIFTY DOLLARS (\$5,150).

**4. Term and Termination.**

Subject to compliance with all terms and conditions, the term of this agreement shall be from July 1, 2005 through June 30, 2006.

This Agreement may be terminated by Contractor, the Health Department Director 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 forth, 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 contractor's 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

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 Contractor's 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 Contract 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 and preserve all required records relating to this Agreement for four (4) years after the County makes final payment or until audit findings are resolved, whichever is greater.

Contractor agrees to provide upon reasonable notice from the County, a Federal grantor agency, or the State of California access to and the right to examine and/or audit all records and documents necessary to determine compliance and evaluate services performed relating to this Agreement.

**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:**

Jacqueline Toliver  
Aging and Adult Services  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403

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

Audrey Magnusen, Development Officer  
Sequoia Hospital  
170 Alameda de las Pulgas  
Redwood City, CA 94062

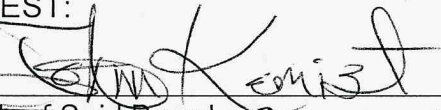
IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
Richard Gordon, President, Board of  
Supervisors, San Mateo County

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

ATTEST:

By:   
~~Clerk of Said Board~~ *President, Sequoia  
Hospital Foundation*

SEQUOIA HOSPITAL

  
Contractor's Signature

Date: 6-10-2005

Long Form Agreement/Non Business Associate

## SCHEDULE A

### SEQUOIA HOSPITAL

#### FY 2005-2006 DESCRIPTION OF SERVICES

Contractor shall operate the following Older Americans Act (OAA) Program: the Falls Prevention Task Force Program. Services described in this Schedule A reflect program performance requirements (units of service) during fiscal year July 1, 2005 through June 30, 2006. This program shall operate in accordance with the California Department of Aging and/or state licensing regulations and the standards and requirements established by Aging and Adult Services of San Mateo County. A monitoring will be conducted annually and onsite, in accordance with the Area Agency on Aging Contract Monitoring Procedures Manual.

#### I. FALLS PREVENTION TASK FORCE PROGRAM

##### 1. Units of Service

Contractor agrees to provide 100 clients with 148 units of community education/advocacy relating to fall prevention.

##### 2. Unit Definitions

**Community Education/Advocacy:** This activity includes educational presentations on specific health-related topics such as smoking cessation, cancer prevention, nutrition, etc.

**Unit of Service: One hour**

##### 3. Program Requirements

Contractor agrees to:

- a. Provide this service in accordance with the guidelines set forth in the Disease Prevention and Health Promotion Services Request for Proposals, Title IIID Older Americans Act guidelines, and any other applicable rules and regulations as adopted by San Mateo County Aging and Adult Services.
- b. Develop and utilize culturally and linguistically appropriate training and resource materials in the provision of fall prevention education for Spanish- and Chinese-speaking seniors.



## SCHEDULE B

### SEQUOIA HOSPITAL

#### FY 2005-2006 FISCAL SUMMARY

Contractor shall operate the following Older Americans Act (OAA) and/or Community-Based Services (CBSP) programs(s): the Falls Prevention Task Force Program. Services described in this Schedule B reflect program funding and payment methods during fiscal year July 1, 2005 through June 30, 2006. This program shall operate in accordance with the California Department of Aging and/or state licensing regulations and the standards and requirements established by Aging and Adult Services of San Mateo County.

#### **I. FALLS PREVENTION TASK FORCE PROGRAM**

The maximum reimbursement for the Falls Prevention Task Force Program during the contract term July 1, 2005 through June 30, 2006 shall not exceed FIVE THOUSAND DOLLARS (\$5,000).

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Contractor is responsible for covering the cost of all components of each program outlined above and shall be reimbursed for actual expenditures on the approved budget for each program.

A mid-year review, scheduled for January, will require a reconciliation of year-to-date outcomes. Based on these outcomes, a budget revision may be required.

In addition, Contractor agrees to:

- a. Submit client intake forms as appropriate, monthly program reports and invoices by the tenth (10<sup>th</sup>) of each month. (Invoices submitted more than two months past the month of service may not be reimbursed. Statistical reports submitted more than one month past the month of service may result in withholding of payments until reports are brought current.);
- b. Offer services throughout the twelve-month contract period, unless prior written approval is received from Aging and Adult Services; and
- c. Submit a closing report by July 31, 2006.

The maximum reimbursement for contracted services between San Mateo County Aging and Adult Services and Sequoia Hospital is \$5,000 in Older Americans Act funds, and \$150 in County General Funds for general program support for a total amount of FIVE THOUSAND ONE HUNDRED FIFTY DOLLARS (\$5,150) for the contract term July 1, 2005 through June 30, 2006.

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.

Karen Krueger

Name of 504 Person Type or Print

Sequoia Hospital Foundation

Name of Contractor(s) - Type or Print

170 Alameda de las Pulgas

Street Address or PO Box

Redwood City

City

CA

State

94007

Zip Code

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

6-10-2005

Date

Karen Krueger Finance Mgr.

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: Sequoia Hospital Foundation
Contact Person: Karen Krueger / Kristin Lauria Gurley
Address: 170 Alameda de las Pulgas, Redwood City, CA 94062
Phone Number: (650) 367-5657 / (650) 367-5991
Fax Number: (650) 369-0277 / (650) 367-5664

II Employees

Does the Contractor have any employees? [X] Yes [ ] No
Does the Contractor provide benefits to spouses of employees? [X] 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)

- [X] 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.
[X] 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.

Signature: Karen Krueger

Name (Please Print): Karen Krueger

Title: Finance Manager

Date: 6-10-2005

JUN. 21. 2005 5:53PM MARSH COMPANY

MARSH

CERTIFICATE OF INSURANCE

NO. 763 P. 2

CERTIFICATE NUMBER 554-000874353-01

MARSH RISK & INSURANCE SERVICES
P. O. BOX 188880
SAN FRANCISCO, CA 94119-8880
CALIFORNIA LICENSE NO. 0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

INSURED
SEQUOIA HEALTH SERVICES
C/O CHW RISK SERVICES
188 BERRY STREET, SUITE 300
SAN FRANCISCO, CA 94107

Table with 2 columns: COMPANY, AFFORDING COVERAGE. Rows include A FIRST SPECIALTY INSURANCE CORPORATION, B N/A, C N/A, D.

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

Main table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess Liability, Workers Compensation, and Professional Liability.

DESCRIPTION OF OPERATION, LOCATION, VEHICLES/SPECIAL ITEMS
SAN MATEO COUNTY HEALTH DEPARTMENT, ITS OFFICERS, AUTHORIZED AGENTS, EMPLOYEES, AND SERVANTS ARE ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY SOLELY AS RESPECTS THE CONTRACT AGREEMENT.

CERTIFICATE HOLDER'S
SAN MATEO COUNTY HEALTH DEPARTMENT
225 37TH AVENUE, THIRD FLOOR
SAN MATEO, CA 94403

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN...

MARSH USA INC.
BY: MYTHA LEE
VALID AS OF: 06/21/05

NO. 764 P. 2/2

PRODUCER

MARSH RISK & INSURANCE SERVICES  
P. O. BOX 103680  
SAN FRANCISCO, CA 94110-3880  
CALIFORNIA LICENSE NO. 0437153

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CERTIFICATE NUMBER  
SEA-000574358-01

COMPANIES AFFORDING COVERAGE

COMPANY

A LIBERTY MUTUAL FIRE INSURANCE CO.

COMPANY

B

COMPANY

C

COMPANY

D

80136-CAS-AL-2005

AL CA

INSURED

SEQUOIA HEALTH SERVICES  
C/O CHW RISK SERVICES  
185 BERRY STREET, SUITE 300  
SAN FRANCISCO, CA 94107

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN 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, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. APPROPRIATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER                | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|--------|--|------------------------------|----------------------------------|-----------------------------------|---|
|        | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNERS & CONTRACTORS PROT   |                              |                                  |                                   | GENERAL AGGREGATE \$<br>PRODUCTS - COMP AGG \$<br>PERSONAL & ADV INJURY \$<br>EACH OCCURRENCE \$<br>FIRE DAMAGE (ANY ONE) \$<br>MED EXP (ANY ONE PERSON) \$     |
| A      | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> EXCLUDING AMBULANCES | AS2661004109074 - AUTOMOBILE | 12/01/04                         | 12/01/05                          | COMBINED SINGLE LIMIT \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$                                    |
|        | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |                              |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY \$<br>EACH ACCIDENT \$<br>AGGREGATE \$   |
|        | RECREATION LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  |                              |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL<br>OTHER   |                              |                                  |                                   | WSTATU: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER<br>EL EACH ACCIDENT \$<br>EL DISEASE-POLICY LIMIT \$<br>EL DISEASE-EACH EMPLOYEE \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
SAN MATEO COUNTY HEALTH DEPARTMENT, ITS OFFICERS, AUTHORIZED AGENTS, EMPLOYEES, AND SERVANTS ARE ADDITIONAL INSURED UNDER THE AUTOMOBILE LIABILITY POLICY SOLELY AS RESPECTS THE CONTRACT AGREEMENT.

CANCELLATION

SAN MATEO COUNTY HEALTH DEPARTMENT  
225 37TH AVENUE, THIRD FLOOR  
SAN MATEO, CA 94403

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DATE WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE USER OF THIS CERTIFICATE.

MARSH USA INC.  
BY: Myrna Lee *Myrna Lee*

MM1(3/05)K1E  
VALID AS OF: 06/21/05

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
SEA-000874360-01

**PRODUCER**  
MARSH RISK & INSURANCE SERVICES  
P. O. BOX 193880  
SAN FRANCISCO, CA 94119-3880  
CALIFORNIA LICENSE NO. 0437153

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### COMPANIES AFFORDING COVERAGE

COMPANY  
A N/A

COMPANY  
B N/A

COMPANY  
C SAFETY NATIONAL CASUALTY CORP.

COMPANY  
D

80136-CAS-2003

WC

CA

**INSURED**

SEQUOIA HEALTH SERVICES  
C/O CHW RISK SERVICES  
188 BERRY STREET, SUITE 300  
SAN FRANCISCO, CA 94107

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| CO<br>LTI | TYPE OF INSURANCE  | POLICY NUMBER                  | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS  |  |
|-----------|--|--------------------------------|-------------------------------------|--------------------------------------|---|--|
|           |  |                                |                                     |                                      |   |  |
|           | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNERS & CONTRACTORS PROT                               |                                |                                     |                                      | GENERAL AGGREGATE   | \$   |
|           |  |                                |                                     |                                      | PRODUCTS - COMP/OP AGG  | \$   |
|           |  |                                |                                     |                                      | PERSONAL & ADV INJURY   | \$   |
|           |  |                                |                                     |                                      | EACH OCCURRENCE   | \$   |
|           |  |                                |                                     |                                      | FIRE DAMAGE (Any one fire)  | \$   |
|           |  |                                |                                     |                                      | MED EXP (Any one person)  | \$   |
|           |  |                                |                                     |                                      | COMBINED SINGLE LIMIT   | \$   |
|           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                |                                     |                                      | BODILY INJURY (Per person)  | \$   |
|           |  |                                |                                     |                                      | BODILY INJURY (Per accident)  | \$   |
|           |  |                                |                                     |                                      | PROPERTY DAMAGE   | \$   |
|           |  |                                |                                     |                                      |   | \$   |
|           | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |                                |                                     |                                      | AUTO ONLY - EA ACCIDENT   | \$   |
|           |  |                                |                                     |                                      | OTHER THAN AUTO ONLY  | \$   |
|           |  |                                |                                     |                                      | EACH ACCIDENT   | \$   |
|           |  |                                |                                     |                                      | AGGREGATE   | \$   |
|           | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |                                |                                     |                                      | EACH OCCURRENCE   | \$   |
|           |  |                                |                                     |                                      | AGGREGATE   | \$   |
| C         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><br>THE PROPRIETARY PARTNER/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL<br>OTHER   | SP6623CA<br>S.I.R. \$1,000,000 | 09/01/04                            | 09/01/05                             | <input checked="" type="checkbox"/> NO STATUTE LIMITS<br><input type="checkbox"/> OTHER | EL EACH ACCIDENT \$ 1,000,000<br>EL DISEASE-POLICY LIMIT \$ 1,000,000<br>EL DISEASE-EACH EMPLOYEE \$ 1,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
THIS CERTIFICATE OF INSURANCE PROVIDES EVIDENCE OF COVERAGE ON BEHALF OF THE NAMED INSURED AS RESPECTS THE CONTRACT AGREEMENT.

**CERTIFICATE HOLDER**  
  
SAN MATEO COUNTY HEALTH DEPARTMENT  
225 37TH AVENUE, THIRD FLOOR  
SAN MATEO, CA 94403

**CANCELLATION**  
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.  
MARSH USA INC.  
BY: Myrna Lee *Myrna Lee*

MMR(2/02) VALID AS OF: 05/21/05