

**SECOND AMENDMENT TO AGREEMENT BETWEEN  
THE COUNTY OF SAN MATEO AND  
CITY OF SOUTH SAN FRANCISCO**

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and CITY OF SOUTH SAN FRANCISCO, 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, the parties entered into an Agreement for Adult Day Care services on September 13, 2005; and

WHEREAS, the parties wish to amend the Agreement to continue the provision of adult day care services for FY 2006-2007.

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

1. Section 3. of the agreement is amended to read as follows:

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 FORTY-ONE THOUSAND SIX HUNDRED DOLLARS (\$141,600) collectively for the period of July 1, 2006 through June 30, 2007 for all contracts approved under same resolution. The total obligation for the term of these agreements is TWO HUNDRED EIGHTY-THREE THOUSAND TWO HUNDRED DOLLARS (\$283,200) collectively.

2. **All other terms and conditions of the agreement dated September 13, 2005, between the County and Contractor shall remain in full force and effect.**

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

COUNTY OF SAN MATEO

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

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

ATTEST:

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

City of South San Francisco

Joseph Hunziker  
Contractor's Signature

Date: 6/15/06

**ABAG PLAN Corporation**  
**CERTIFICATE OF COVERAGE**

ISSUE DATE (MM/DD/YY)  
**7/15/2005**

**BROKER: DRIVER RISK SERVICES**  
**600 MONTGOMERY ST., 9<sup>th</sup> FLOOR**  
**SAN FRANCISCO, CA 94111-2933**  
**415/403-1400**

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**PROVIDER: ABAG PLAN CORPORATION**  
**P. O. BOX 2050**  
**OAKLAND, CA 94604-2050**  
**510/464-7969**

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**Covered Party: South San Francisco**  
**City of So. San Francisco, P.O. Box 711**  
**South San Francisco, CA 94080**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY	<b>A ABAG PLAN Corporation</b>
COMPANY	<b>B Ins. Co. Of The State of Pennsylvania</b>
COMPANY	<b>C Lexington Insurance Company</b>

THIS IS TO CERTIFY THAT COVERAGE AGREEMENTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENTS.

CO LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMIT		
						EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>	GAL 2005-06	7/01/2005	07/01/2006	Combined Single Limit (CSL)	\$5,000,000	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM						
	<input checked="" type="checkbox"/> PRODUCT/ COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> PREMISES / OPERATIONS						
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	<input checked="" type="checkbox"/> CONTRACTUAL						
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE							
A	<b>AUTOMOBILE LIABILITY</b>	GAL 2005-06	7/01/2005	7/01/2006	Combined Single Limit (CSL)	\$5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTO						
	<input checked="" type="checkbox"/> RENTAL / LEASE AUTO						
	<input checked="" type="checkbox"/> NON- OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY							
B	Excess General & Auto Liability	4704-1811	7/01/2005	07/01/2006	CSL	\$5,000,000	\$5,000,000
	Public Official's E&O				E & O	\$5,000,000	
C	<b>PROPERTY INSURANCE</b>	RKM103900343	7/01/2005	7/01/2006	CSL PROPERTY BOILER & MACH	\$750,000,000 (per schedule) \$50,000,000	
	<input checked="" type="checkbox"/> PROPERTY / ALL RISK						
	<input checked="" type="checkbox"/> BOILER & MACHINERY						

**DESCRIPTION:** General liability includes Personal Injury and Public Officials' Errors and Omissions Liability. This Certificate is issued as proof the above-named Covered Party is an active member and in good standing with coverage as indicated above.

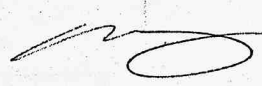
**CERTIFICATE HOLDER**

County of San Mateo Aging and Adult Services

Attention:  
 225 West 37th Ave.  
 San Mateo CA 94403

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENTS BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE PROVIDER/PROVIDEE WILL ENDEAVOR TO MAIL 30-DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. HOWEVER, FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



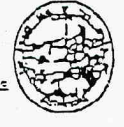
**MARCUS BEVERLY, Risk Manager & Secretary**  
**ABAG PLAN Corporation**

650 573-2193

Pete Wilson, Governor

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS  
SELF-INSURANCE PLANS  
15 Watt Avenue, Suite 1  
Sacramento, CA 95825  
Phone (916) 483-3392  
Fax (916) 483-1535



CERTIFICATION OF SELF-INSURANCE  
OF WORKERS' COMPENSATION

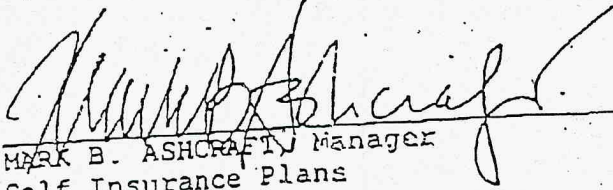
TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 7206 was issued by the Director of Industrial Relations to:

CITY OF SOUTH SAN FRANCISCO

under the provisions of Section 3700, Labor Code of California, on January 1, 1979. The Certificate is now and has been in full force and effective since that date.

Dated at Sacramento, California  
This 2nd day of January, 1996

  
MARK B. ASHCRAFT, Manager  
Self Insurance Plans

/bs

cc: Steven T. Mattas  
City Attorney/Risk Manager  
CITY OF SOUTH SAN FRANCISCO  
P.O. Box 711 - 315 Maple Avenue

South San Francisco, CA 94083

(originals)

Susan Gonzales  
Personnel Director  
CITY OF SOUTH SAN FRANCISCO  
P.O. Box 711 - 315 Maple Avenue