

**THIRD AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
MEDICAL CARE PROFESSIONALS**

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and MEDICAL CARE PROFESSIONALS 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 the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on September 14, 2004, by Resolution No. 66913 for a term of July 1, 2004 through June 30, 2007;

WHEREAS, the parties amended the Original Agreement on September 13, 2005 by Resolution No. 67534 increasing the collective amount by \$970,000 for a total \$1,940,000 for all Agreements under one Resolution; and

WHEREAS, on April 13, 2006, the parties amended the Original Agreement a second time for the addition of state and county required language; and

WHEREAS, the parties wish to further amend the Original Agreement for the continuation of services by increasing the collective amount by \$970,000 for Fiscal Year 2006-07 for a total amount of \$2,910,000 for all Agreements under one Resolution:

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

1. Section 3. Payments, of the agreement is amended to read as follows:  
:“3. Payments. In full consideration of Contractor’s performance of the services described in Exhibits “A1” and “A2” for the Multipurpose Senior Services Program, Adult Protective Services, Linkages, Family Caregiver Support, Public Guardian, and the AIDS Waiver/Case Management Program, the maximum the County shall be obligated to pay collectively for the period of July 1, 2006 to June 30, 2007 to all Contractors approved by Resolution 66913 and Agreement 57000-05-D014 for services is NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000). County shall make payment to Contractor based on the rates and in the manner specified in Exhibits “B1” and “B2.” The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable.  
Maximum Amount. In full consideration of Contractor's performance of the services described in Exhibits “A1” and “A2,” the amount that County shall be obligated to pay collectively under a single resolution for services rendered under this Agreement shall not exceed TWO MILLION NINE HUNDRED TEN THOUSAND DOLLARS (\$2,910,000) for the contract term July 1, 2004 through June 30, 2007.”
2. All other terms and conditions of the agreement dated October 26, 2004, 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: \_\_\_\_\_  
Jerry Hill, President, Board of Supervisors, San Mateo County

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

ATTEST:

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

MEDICAL CARE PROFESSIONALS

5-9 77  
Contractor's Signature

Date: 5/4/06

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DE  
MEDIC-2

DATE (MM/DD/YYYY)  
06/29/06

**PRODUCER**  
Crist Elliott Mchette Ins.  
License #OB17224  
2201 Broadway, Suite 725  
Oakland CA 94612  
Phone: 510-832-8000 Fax: 510-832-5054

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.

**INSURED**  
  
Medical Care Professionals  
363 El Camino Real #215  
South San Francisco CA 94080

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Columbia Casualty Company	
INSURER B:	Progressive Casualty	27804
INSURER C:	Hartford Insurance Company	
INSURER D:		
INSURER E:		

**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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	HMA20662489042	06/27/06	06/27/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 3,000,000
					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	
B	AUTOMOBILE LIABILITY	027162220	06/27/06	06/27/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> HIRED AUTOS	027162220	06/27/06	06/27/07		
B	<input checked="" type="checkbox"/> NON-OWNED AUTOS	027162220	06/27/06	06/27/07		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS/UMBRELLA LIABILITY	HMA20662489042	06/27/06	06/27/07	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER	HMA20662489042	06/27/06	06/27/07	Prof Liab	1000000 Occ
B	Fidelity \$25,000	57BDDCY8702	06/27/06	06/27/07	Prof Liab	3000000 Agg

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

**CERTIFICATE HOLDER**  
  
County of San Mateo  
Aging & Adult Services  
225 37th Avenue  
San Mateo CA 94403

**CANCELLATION**  
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  
*[Signature]*

**STATE**  
**COMPENSATION**  
**INSURANCE**  
**FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-2006

GROUP: 000761  
 POLICY NUMBER: 0000082-2006  
 CERTIFICATE ID: 8  
 CERTIFICATE EXPIRES: 01-01-2007  
 01-01-2006/01-01-2007

AGING AND ADULT SERVICES  
 AIDS PROGRAM DIRECTOR  
 225 W. 37TH AVENUE  
 SAN MATEO CA 94403

NA

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 policy 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 to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT

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

ENDORSEMENT #1600 - MICHAEL YOUNGBERG, CFO - EXCLUDED.

EMPLOYER

MEDICAL CARE PROFESSIONALS, INC.  
 363 EL CAMINO REAL STE 215  
 SOUTH SAN FRANCISCO CA 94080

NA

M0408

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