

CONTRACT INSURANCE APPROVAL

DATE: November 7, 2005

TO: Janine Keller, Risk Manager Ext. 4387 FAX: 4864 PONY: EPS 163

FROM: Tere Larcina, San Mateo Medical Center, Ext. 2280, FAX: 2267, PONY: HOS316MM

CONTRACTOR NAME: Onsite Dental Care Foundation

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? Yes.

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: More than one.

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Contractor's affiliated dentists will provide screenings, exams, x-rays, cleanings, information and referral to specialist providers and dental education to eligible patients.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>1 mil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: _____

Janine Keller 11/7/05
Risk Management Signature Date

You should consider requiring GL & MVL. GL for sexual harassment & MVL if they drive from point A to point B to work & both point A & B are out locations. Janine



THE DENTISTS INSURANCE COMPANY SM

P.O. Box 1582
Sacramento, CA 95812
TDIC is a California Dental Association company.

Declarations Insert

In consideration of the required premium, this policy is effective for the policy period beginning and ending at 12:01 a.m. at the insured address below and subject to the limit of liability for each coverage stated below and subject to all provisions of the policy form, all endorsements, and your application. This Declarations Insert attaches to and becomes part of Policy Form TDIC 2200-0702AS.

Policy Number	Policy Period Effective Date	Policy Period Expiration Date
CA060031-2-01	07/01/2006	07/01/2007

Insured	Class Description
CHRISTOPHER CHUNG, DDS 2222 WAWONA ST SAN FRANCISCO, CA 94116-2886	11 GENERAL DENTISTS USING ONLY THE FOLLOWING ANESTHETIC TECHNIQUES: LOCAL ANESTHETIC, ORAL SEDATION AND NITROUS OXIDE ANALGESIA.

Dental Specialty	Component	Territory
GENERAL PRACTICE	SOUTHERN ALAMEDA	B

Limits of Liability	Coverage	Retroactive Date
\$1,000,000 Each Claim	Coverage A - Professional Liability Claims-Made Form	03/22/2006
\$1,000,000 Each Occurrence	Coverage B - Dental Business Liability Occurrence Form	Not Applicable
\$3,000,000 Aggregate Limit for All Claims Under Coverages A, B & D combined		
\$ 100,000 Aggregate	Coverage C - Employment Benefits Liability Claims - Made Form	03/22/2006
N/A Aggregate Defense-Costs reduce Limits	Coverage D - Employment Practices Liability Claims - Made Form - 20% co-payment	N/A
\$ 60,000 Aggregate	Coverage E - Medical Waste Legal Defense Occurrence Form - 20% co-payment	Not Applicable
\$ 100,000 Aggregate	Coverage F - Regulatory Authority Legal Defense Claims - Made Form	03/22/2006
\$477.00 Policy Premium		

Discounts: (1) No Seminar Disc Expires N/A	(2) New Graduate	(3) None
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NOTICES

Endorsements made a part of this policy:

TDIC2122-0703AS	TDIC2500-0702CA
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For questions regarding your insurance call: 1-800-733-0633 or 916-443-0471

05/14/2006
Date Issued

TDIC1111-0702AS

Mark Soeth
Interim President and Chief Executive Officer

Denial Board of California
1432 HOWE AVENUE SUITE 81
SACRAMENTO, CA 95825-3247
516.283.2800


Consumer Affairs

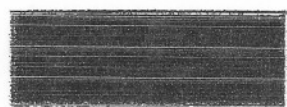


DENTIST


LICENSE NO. 54241
CHRISTOPHER CHUNG
2222 MAHONA ST
SAN FRANCISCO CA 94116

EXPIRATION: 02/31/07

ORIGINAL
ISSUE DATE: 11/08/03
RECEIPT NO: 00007146

Signature: 
POSID: 02/25/06



American Heart
Association. 
Learn and Live.

Healthcare Provider

BEHJAM ROSTAMI

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

10/15/2005 **10/31/2007**
Issue Date Recommended Renewal Date

Dental Board of California
1072 HOWE AVENUE SUITE 300
SACRAMENTO, CA 95833-3240
916/268-2300

DENTIST

LICENSE NO. **45659** EXPIRATION **04/30/08**

BEHJAM ROSTAMI
2846 GRACELANDS DR #1813
SACRAMENTO CA 95833

ORIGINAL
REQUIRE
FEE
LICENSE NO.
45659

02/13/2015 08:34 FAX

002

P.O. Box 1502
Sacramento, CA 95812



THE DENTISTS INSURANCE COMPANY SM

TDIC is a California Dental Association company.

Declarations Insert

In consideration of the required premium, this policy is effective for the policy period beginning and ending at 12:01 a.m. at the insured address below and subject to the limit of liability for each coverage stated below and subject to all provisions of the policy form, all endorsements, and your application. This Declarations Insert attaches to and becomes part of Policy Form TDIC 2200-0702AS.

Policy Number	Policy Period Effective Date	Policy Period Expiration Date
CA038637-2-01	07/01/2006	07/01/2007

Insured	Class Description
BEHNAM ROSTAMI, DDS 5246 FEATHER RIVER DR STOCKTON, CA 95219-8149	11 GENERAL DENTISTS USING ONLY THE FOLLOWING ANESTHETIC TECHNIQUES: LOCAL ANESTHETIC, ORAL SEDATION AND NITROUS OXIDE ANALGESIA.

Dental Specialty	Component	Territory
GENERAL PRACTICE	SACRAMENTO	A

Limits of Liability	Coverage	Retroactive Date
\$1,000,000 Each Claim	Coverage A - Professional Liability Claims-Made Form	08/24/2002
\$1,000,000 Each Occurrence	Coverage B - Dental Business Liability Occurrence Form	Not Applicable
\$3,000,000 Aggregate Limit for All Claims Under Coverages A, B & D combined		
\$ 100,000 Aggregate	Coverage C - Employment Benefits Liability Claims-Made Form	08/24/2002
N/A Aggregate Defense Costs reduced limits	Coverage D - Employment Practices Liability Claims - Made Form - 20% co-payment	N/A
\$ 60,000 Aggregate	Coverage E - Medical Waste Legal Defense Occurrence Form - 20% co-payment	Not Applicable
\$ 100,000 Aggregate	Coverage F - Regulatory Authority Legal Defense Claims - Made Form	08/24/2002
\$2,129.00 Policy Premium		

Discounts: (1) No Seminar Disc Expires N/A (2) None (3) None

NOTICES

Endorsements made a part of this policy:	
TDIC2122-0703AS	TDIC2500-0702CA
For questions regarding your insurance, call 1-800-733-0633 or 916-443-0471	

05/14/2006
Date Issued

Mark Soeth
Interim President and Chief Executive Officer



INSURER: STATE COMPENSATION INSURANCE FUND
 POLICY NO. 1831231-06
 DATE: November 14, 2006
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NA

CALIFORNIA WORKERS' COMPENSATION INSURANCE
Policyholder Dividend Disclosure Statement

ON SITE DENTAL CARE, INC

1730 S AMPHLETT BLVD STE 123
 SAN MATEO, CA 94402

EMPLOYER/INSURED: ON SITE DENTAL CARE, INC

EFFECTIVE DATE: October 27, 2006

ESTIMATED ANNUAL PREMIUM: \$45,829.00

ESTIMATED DIVIDEND PLAN PREMIUM: \$45,829.00

TERM OF DIVIDEND PLAN: ONE YEAR

Workers' compensation insurers are authorized to issue participating policies. A dividend (refund) under such a policy can only be paid from surplus accumulated from premiums on workers' compensation policies issued pursuant to the laws of California.

Under California law it is unlawful for an insurer to promise the future payment of dividends under an unexpired workers' compensation policy or to misrepresent the conditions for dividend payment. Dividends are payable only pursuant to conditions determined by the Board of Directors of the State Compensation Insurance Fund following policy expiration.

It is a misdemeanor for any insurer or officer or agent thereof, or any insurance broker or solicitor, to promise the payment of future workers' compensation dividends. Past dividend performance is no guarantee of an insurer's future dividend performance.

PART I: HISTORICAL DISCLOSURE

This dividend statement is based on the most recent dividend declaration by our Board of Directors for policyholders with characteristics similar to yours and a dividend plan premium of \$45,829.00. This declaration applied to policies whose term of coverage began October 1, 2003 to December 31, 2003 and whose term of coverage ended during the period October 1, 2004 to December 31, 2004.

The dividend formula was:

$$\text{Dividend} = \text{Premium} - [(\text{Losses} \times \text{Loss Conversion Factor}) + \text{Retention}]$$

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/06

PRODUCER Vista International Ins. Brokers / Lic. #OE08576 1318 Redwood Way, Suite 250 Petaluma, CA 94954	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED ON-SITE Dental Care, Inc. 1720 S. Amphlett., Suite 200 San Mateo, CA 94402	INSURER A: Allied Property & Casualty Ins. Co.	ALG
	INSURER B:	
	INSURER C:	
	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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ACP7811591289	06/17/06	06/17/07	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____ _____	ACP7811591289	06/17/06	06/17/07	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ _____				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG	\$ \$ \$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE RETENTION \$	ACP7811591289	06/17/06	06/17/07	EACH OCCURRENCE AGGREGATE _____ _____ _____	\$5,000,000 \$5,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
		OTHER					

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

*Ten (10) days notice of cancellation due to non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

San Mateo County, Health
 Department
 225 37th Avenue
 San Mateo, CA 94403

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

Alien Malducci

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.