

**AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
AMERICAN MEDICAL RESPONSE WEST FOR  
PHLEBOTOMY SERVICES**

THIS AMENDMENT TO THE AGREEMENT, entered into this 1st day of January, 2007, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and American Medical Response West, 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 phlebotomy on-site services on May 24, 2005; and

WHEREAS, the parties wish to amend the Agreement to extend the Agreement through December 31, 2007 and increase the maximum payments to \$396,000.

**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:

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 \$396,000.

2. Section 4. Term and Termination is added to the agreement to read as follows:

Subject to compliance with all terms and conditions, the term of this agreement shall be from July 1, 2005, through December 31, 2007.

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.

4. All other terms and conditions of the agreement dated May 24, 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

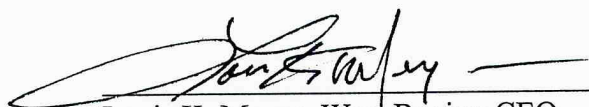
By: \_\_\_\_\_  
President, Board of Supervisors, San Mateo County

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

ATTEST:

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

American Medical Response West

  
\_\_\_\_\_  
Louis K. Meyer, West Region CEO

Date: 12/29/06



# CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE 4/13/2006

## PRODUCER

Jardine Lloyd Thompson LLC  
Three Lincoln Centre  
5430 LBJ Freeway, Suite 1580  
Dallas, TX 75240

Phone: 972-980-5860

Fax: 972-980-5861

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

## INSURED

American Medical Response, Inc.  
6200 S. Syracuse Way, Suite 200  
Greenwood Village, CO 80111

INSURER A: Arch Specialty Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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. 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	
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
	<b>GENERAL AGGREGATE LIMIT APPLIES PER</b>				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				MED EXPENSE (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Each accident)	\$
	<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	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/> OTHER					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE EACH EMPLOYEE	\$
A	MEDICAL PROFESSIONAL LIABILITY (Claims Made Coverage)	UFL0005379-01	4/15/06	4/15/07	EACH OCCURANCE	\$ 10,000,000
					GENERAL AGGREGATE	\$ 10,000,000
					SELF INSURED RETENTION	\$ 5,500,000
	OTHER:					

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

LOCATION: 440830 SAN MATEO ALS OPERATIONS COUNTY OF SAN MATEO IS NAMED ADDITIONAL INSURED WITH REGARD TO THE LIABILITY POLICIES OF THE INSURED, BUT ONLY WITH RESPECT TO AND TO THE EXTENT OF THE LIABILITIES ASSUMED BY THE INSURED UNDER WRITTEN CONTRACT.

## CERTIFICATE HOLDER

County Of San Mateo ; Attn: Barbara Pletz  
225 37th Avenue  
San Mateo, CA 94403-0000

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## AUTHORIZED REPRESENTATIVE



### County Counsel Review Form

Date: January 4, 2007  
To: Dan Silberman, County Counsel  
From: Barbara Pletz, EMS Administrator  
Subject: Agreement Review and Approval

Contractor: American Medical Response West

Maximum Amount: \$396,000

Rate of Payment: Contractor will be paid \$110.00 for each individual blood withdrawn. The fee is the complete charge for services rendered under this contract.

☐ No changes on the standard agreement form

☐ The following sections have been changed on the 'standard' agreement:

Section No. & Title	Approved As Is [For County Counsel Use Only]	Modifications Required [For County Counsel Use Only]
Section 3: Payments		

Modifications (Please specify modifications to be made below. Use additional paper if needed.):

☒ Approve Agreement/Exhibits/Attachments

☐ Approve Agreement/Exhibits/Attachments with the modifications that have been described

Kand A  
Signature

1-8-07  
Date