

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:		Phone:	
Contact Person:		Fax:	
Address:			

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

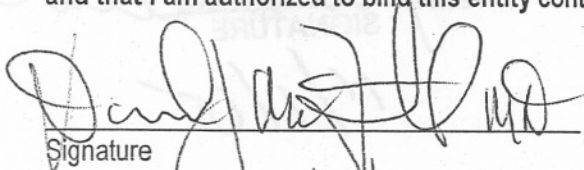
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

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

DANIEL J MCFARLANDS
Name

Date

1/4/2007

Title

MD

410 363 4864 F. 23/05

COUNTY OF SAN MATEO
SAN MATEO MEDICAL CENTER

MEMORANDUM

Date: 11/01/2005
To: Janine Keller, Risk Management/ Pony # EPS 163 Fax # 363-4864
From: Valerie Yv. Woolsey, San Mateo Medical Center/Fax # 2030
Subject: Contract Insurance Approval

CONTRACTOR: Sequoia Anesthesia Consultants

DO THEY TRAVEL: No.

PERCENT OF TRAVEL TIME: 0

NUMBER OF EMPLOYEES: None

DUTIES (SPECIFIC): Provide professional anesthesiology and pain management services including the management and supervision of those services

*Pat Bowl, M.D.
367 5998*

<u>COVERAGE:</u>	Amount	Approve	Waive	Modify
Comprehensive Liability:	\$1m	<i>x JLC</i>	_____	_____
Motor Vehicle Liability:	_____	<i>JLC</i>	<i>x JLC</i>	_____
Professional Liability:	\$1m	<i>x JLC</i>	_____	_____
Worker's Compensation:	_____	<i>JLC</i>	<i>x JLC</i>	_____

REMARKS/COMMENTS:

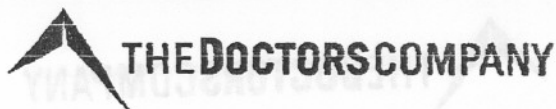
Sequoia Anesthesia Consultants is comprised of a group of partners with no administrative personnel or employees.

Janine Keller
SIGNATURE
11/1/05



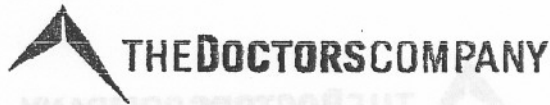
CERTIFICATE OF INSURANCE		Issue Date: 10/10/2006	
First Named Insured:		A Claims-Made Professional Liability Policy	
Sequoia Anesthesia Consultants Attn: Lewis Margolis MD 320 Mindanao Drive Redwood City, CA 94065		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.	
Protected Party: Aviva Y Cohen MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	02/12/1987
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:	\$1,000,000		
Aggregate Limit:	\$3,000,000		

- I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.
- II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
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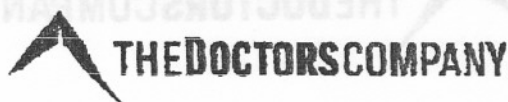
CERTIFICATE OF INSURANCE		Issue Date: 09/18/2006	
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Protected Party: Thomas A Gaffey MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/03/2006
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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Protected Party: Michael H Fahmy MD		
Specialty: ANE01 Anesthesiology		
Policy Number:	Policy Period:	Retroactive Date:
0054656	From: 11/01/2006 To: 11/01/2007	01/23/2006
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293
LIMITS OF LIABILITY		
Claim Limit:	\$1,000,000	
Aggregate Limit:	\$3,000,000	

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Protected Party: Nichole R Herbert MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retrospective Date:
0054656	From: 11/01/2006	To: 11/01/2007	01/01/1996
The Protected Party above is:		Agency and Address:	
<input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:			\$1,000,000
Aggregate Limit:			\$3,000,000

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Protected Party: Shirley X Liu MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	04/03/2006
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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Protected Party: Lewis S Margolis MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	08/29/1976
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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Protected Party: Daniel J McFarland MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/01/1984
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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Protected Party: Tad G Nishimura MD		
Specialty: ANE01 Anesthesiology		
Policy Number:	Policy Period:	Retroactive Date:
0054656	From: 11/01/2006 To: 11/01/2007	07/01/1975
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293
LIMITS OF LIABILITY		
Claim Limit:		\$1,000,000
Aggregate Limit:		\$3,000,000

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CERTIFICATE OF INSURANCE		Issue Date: 08/02/2006
First Named Insured:		A Claims-Made Professional Liability Policy
Debra A Reinking MD 3521 Investment Blvd Suite 5 Hayward, CA 94545		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above. It is issued as a matter of information and does not confer rights to any recipient. This document is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.
Protected Party: Debra A Reinking MD		
Specialty: ANE01 Anesthesiology		
Policy Number:	Policy Period:	Retroactive Date:
0039503	From: 05/16/2006 To: 05/16/2007	05/16/1988
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293
LIMITS OF LIABILITY		
Claim Limit:	\$1,000,000	
Aggregate Limit:	\$3,000,000	

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Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.	
Protected Party: Jeffrey M Shapiro MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/25/1998
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:	\$1,000,000		
Aggregate Limit:	\$3,000,000		

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Protected Party: Chris R Stasny MD
Specialty: ANE01 Anesthesiology

Policy Number:	Policy Period:	Retroactive Date:
0054656	From: 11/01/2006 To: 11/01/2007	07/17/2006

The Protected Party above is:	Agency and Address:
<input checked="" type="checkbox"/> A Named Insured	The Doctors Insurance Agency
<input type="checkbox"/> A Locum Tenens	6 Hamilton Landing, Suite 170
<input type="checkbox"/> An Additional Protected Party	Novato, CA 94949
	(800)553-9293

<u>LIMITS OF LIABILITY</u>	
Claim Limit:	\$1,000,000
Aggregate Limit:	\$3,000,000

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Protected Party: Chris Tataru MD		
Specialty: ANE01 Anesthesiology		
Policy Number:	Policy Period:	Retroactive Date:
0054656	From: 11/01/2006 To: 11/01/2007	03/15/1998
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293
LIMITS OF LIABILITY		
Claim Limit:	\$1,000,000	
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Protected Party: Cynthia Y Weller MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/17/2006
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
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Protected Party: Moon G Yun MD			
Specialty: ANE01 Anesthesiology			
Policy Number:	Policy Period:	Retroactive Date:	
0054656	From: 11/01/2006 To: 11/01/2007	06/15/2001	
The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
LIMITS OF LIABILITY			
Claim Limit:			\$1,000,000
Aggregate Limit:			\$3,000,000

- I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.
- II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.