

**AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
EASY ACCESS, INC.**

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and EASY ACCESS, INC., 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 analytical and technical services on upgrade two existing property assessment systems; and

WHEREAS, the parties wish to amend the Agreement to extend its term.

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

1. The first paragraph of Section 4 of the Agreement is amended to read as follows:

"Subject to compliance with all terms and conditions, the term of this Agreement shall be from the latter of the execution dates of the parties, through implementation of the SERVICES, unless sooner terminated or extended as herein provided, through December 31, 2008."

2. Section 1 of the original Exhibit A is amended to read as follows:

"1. EAI Personnel Required. James Agnew, John Bodden, David Harris, and Sergio Corrales."

3. All other terms and conditions of the Agreement dated February 28, 2006 between the County and Contractor shall remain in full force and effect.

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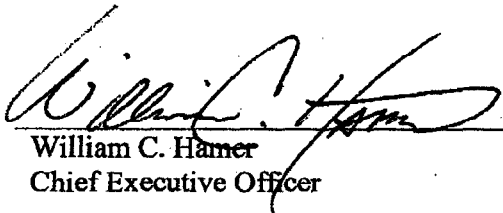
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IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

EASY ACCESS, INC.

COUNTY OF SAN MATEO

By:   
William C. Hamer  
Chief Executive Officer

By: \_\_\_\_\_  
Rose Jacobs Gibson  
President, Board of Supervisors

Date: 6-20-07

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

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

**I. CONTRACTOR INFORMATION**

|                  |   |        |              |
|------------------|---|--------|--------------|
| Contractor Name: | Easy Access, Inc.                             | Phone: | 956-682-3466 |
| Contact Person:  | William C. Hamer                              | Fax:   | 956-682-0906 |
| Address:         | 4200-A N Bicentennial Dr<br>McAllen, Tx 78504 |        |              |

**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)

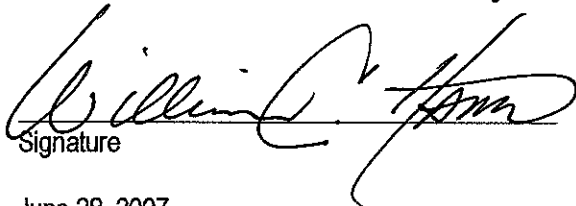
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- 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

William C. Hamer  
Name

June 28, 2007  
Date

CEO  
Title

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/25/2007

PRODUCER (956)425-7375 FAX (956)423-5650  
The Klement Agency  
P.O. Box 820  
Prosper, TX 75078

**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 EASY ACCESS  
4200 A N Bicentennial  
McAllen, TX 78504

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: SAFECO  
INSURER B: TEXAS MUTUAL  
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 TO INSR | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |
|--------------------|---|----------------|------------------------------------|-------------------------------------|--|
| A                  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 02-BP-182958-4 | 05/16/2007                         | 05/16/2008                          | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|                    | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                               | 04-BA-482687-4 | 05/16/2007                         | 05/16/2008                          | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br><br>BODILY INJURY (Per person) \$<br><br>BODILY INJURY (Per accident) \$<br><br>PROPERTY DAMAGE (Per accident) \$  |
|                    | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br><br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |
|                    | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE RETENTION \$   |                |                                    |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$   |
| B                  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  | 0000856632     | 05/16/2007                         | 05/16/2008                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                         |
| A                  | <b>OTHER PROPERTY</b>   | 02-PB-182958-4 | 05/16/2007                         | 05/16/2008                          | \$652,000 BUILDINGS<br>\$315,000 CONTENTS  |

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

SAN MATEO COUNTY IS NAMED AS AN ADDITIONAL INSURED, EXCEPT ON THE WORKERS COMPENSATION POLICY WITH BROAD FORM VENDORS COVERAGE.

**CERTIFICATE HOLDER**

COUNTY OF SAN MATEO  
ATTN: COUNTY CLERK-RECORDER  
555 COUNTY CENTER 3RD FLOOR  
REDWOOD CITY, CA 94063-1665

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**CONTRACT INSURANCE APPROVAL**

DATE: June 14, 2007  
TO: Faiza Steele FAX: 363-4864 PONY: HRD 163  
FROM: Willy Padilla  
PHONE: 4198 FAX: 1903 PONY: ARC140

**The following is to be completed by the department before submission to Risk Management:**

CONTRACTOR NAME: Easy Access, Inc.

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:  
Hundreds

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:  
Software analysis, design, and implementation (upgrade to property assessment systems). This is an extension of prior agreement (change of contract duration only)

**The following will be completed by Risk Management:**

| INSURANCE COVERAGE:             | Amount    | Approve                             | Waive                               | Modify                   |
|---------------------------------|-----------|-------------------------------------|-------------------------------------|--------------------------|
| Comprehensive General Liability | \$1mil    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Motor Vehicle Liability         | \$1mil    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Professional Liability          |           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Workers' Compensation           | statutory | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

REMARKS/COMMENTS:

Faiza Steele  
Faiza Steele  
Risk Management Analyst

6/14/07  
Date

**County Counsel Review Form**

Date: June 12, 2007  
To: Miruni Soosaipillai, Deputy County Counsel  
From: Willy Padilla (Ext 4198)  
Subject: Amendment Agreement Review and Approval

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Contractor: Easy Access, Inc.

Maximum Amount: \$94,913

Rate of Payment: Hourly, per Schedule A

No changes on the standard agreement form

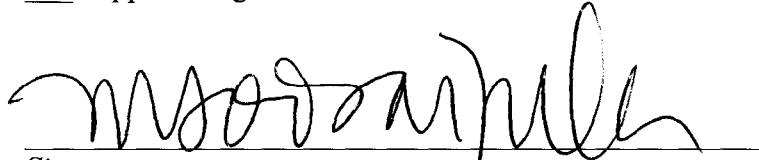
The following sections have been changed on the "standard" agreement:

| <i>Section No. &amp; Title</i> | <i>Approved As Is</i><br><i>[For County Counsel Use Only]</i> | <i>Modifications Required</i><br><i>[For County Counsel Use Only]</i> |
|--------------------------------|---|---|
|                                |   |   |
|                                |   |   |
|                                |   |   |
|                                |   |   |

**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

  
Signature

6/13/07  
Date