

FIRST AMENDMENT TO AN AGREEMENT WITH WORKFORCE MEDICAL GROUP, INC. TO PROVIDE PRE-PLACEMENT AND OCCUPATIONAL HEALTH MONITORING PHYSICAL EXAMINATIONS AND SERVICES

The amendment to the agreement made this ____ day of August 2007, by and between the COUNTY OF SAN MATEO, hereinafter designated as "County" and WORKFORCE MEDICAL GROUP, INC., hereinafter designated WMG.

WITNESSETH:

WHEREAS, County and WMG mutually agree to amend said Agreement as to total payment amount:

WHEREAS, County and WMG agree that said Agreement shall be amended as follows:

1. Paragraph 1. Term. The contract term will be extended an additional three months through the December 31, 2007.
2. Paragraph 2. Payments. The total amount of fees for services is increased up to a maximum of an additional \$200,000 for a Not to Exceed Amount of \$762,500.
3. Paragraph 10. Non-Discrimination. The following is added to reflect compliance with the County's Employee Jury Duty Ordinance: Compliance with Contractor Employee Jury Service Ordinance. Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employee deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees regular pay the fees received for jury service.
4. This Amendment constitutes the entire understanding of the parties hereto with respect to the amendment to the parties' Agreement dated August 31, 2004, and correctly states the rights, duties, and obligations of each party as of this document's date. Any prior understandings, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. Any modifications to this amendment shall be in writing and signed by the parties.
5. The remainder of the Agreement shall remain in full force and effect.

IN WITNESSETH WHEREOF, the parties hereby execute this Agreement.

County of San Mateo

Date: _____

President Board of Supervisors
County of San Mateo
400 County Center
Redwood City, CA 94063

Date: 08/06/07

meese Inboose
Workforce Medical Group, Inc.
201 Arch Street
Redwood City, CA 94062-1305

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

I. CONTRACTOR INFORMATION

Contractor Name:	WORKFORCE Medical	Phone:	650-5569420
Contact Person:	Imee DuBose Group	Fax:	650-518-9053
Address:	201 Arch Street Redwood City, CA 94062		

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.

Imee DuBose
Signature

07/30/07
Date

Imee DuBose
Name

Group Administrator
Title

4334

BILL	POLICY NUMBER	TC	PRODUCER NUMBER	AC	ACCOUNT NUMBER	AUDIT
D	PAS 39727673		16581969	150	M011243856-001-00001	NONE
BRANCH 78 CENTRAL CALIFOR						RP EFF 03/15/2007



ZURICH

PRECISION PORTFOLIO POLICY
COMMERCIAL GENERAL LIABILITY DECLARATIONS
PRECISION AMERICA
OFFICE PROGRAM

This coverage part consists of this declarations form, the common policy conditions, and the coverage forms and endorsements indicated as applicable on the forms list.

COVERAGES AND LIMITS OF INSURANCE

Some of these coverages are sublimits or are subject to aggregate limits. Refer to your policy to determine how they apply.

GENERAL AGGREGATE	\$4,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$4,000,000
EACH OCCURRENCE	\$2,000,000
TENANTS LEGAL LIABILITY	\$2,000,000
MEDICAL EXPENSES - EACH PERSON	\$ 10,000
PERSONAL INJURY AND ADVERTISING INJURY	\$2,000,000
HIRED AND NON-OWNED AUTOMOBILE LIABILITY	\$1,000,000

COMMERCIAL GENERAL LIABILITY

952008 Ed. 3-00

INSURED'S COPY

03/28/2007

4335

BILL	POLICY NUMBER	TC	PRODUCER NUMBER	AC	ACCOUNT NUMBER	AUDIT
D	PAS 39727673		16581969	150	MO11243856-001-00001	NONE

BRANCH 78 CENTRAL CALIFOR RP EFF 03/15/2007



ZURICH

PRECISION PORTFOLIO POLICY
COMMERCIAL GENERAL LIABILITY DECLARATIONS
(CONTINUED)
PRECISION AMERICA
OFFICE PROGRAM

EXCLUSIONS AND LIMITATIONS

ABSOLUTE ASBESTOS EXCLUSION
 FUNGUS EXCLUSION

4336

BILL	POLICY NUMBER	TC	PRODUCER NUMBER	AC	ACCOUNT NUMBER	AUDIT
D	PAS 39727673		16581969	150	M011243856-001-00001	NONE

BRANCH 78 CENTRAL CALIFOR

RP EFF 03/15/2007



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PRECISION PORTFOLIO POLICY
COMMERCIAL GENERAL LIABILITY SCHEDULE
PRECISION AMERICA

LOC #	CLASS CODE	LOCATION ADDRESS (IF APPLICABLE) CLASSIFICATION NAME	RATING BASIS	ANNUAL EXPOSURE
01	80111	201 ARCH STREET REDWOOD CITY CA ZIP CODE: 94062 MEDICAL OFFICES	NOT APPLICABLE	INCLUDED