

County of San Mateo
Contractor's Declaration Form

I. CONTRACTOR INFORMATION

Contractor Name:	AXSIUM GROUP	Phone:	(416) 849-5403
Contact Person:	PAUL TUCKER	Fax:	(416) 588-5400
Address:	67 HOWAT AVE SUITE 451 TORONTO, ON, CANADA M6K 3E3		

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)

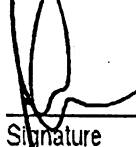
- ☐ Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.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

03/04/2008
Date

PAUL TUCKER
Name
PRINCIPAL
Title

County Counsel Review Form

Date: May 27, 2008
To: Glenn Levy
From: Joy Cheechov, ext. 4739
Subject: Axsium Group Agreement Review and Approval

Contractor: Axsium Group, Inc.

Maximum Amount: \$873,220

Rate of Payment: Net 30

☐ No changes on the standard agreement form

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

Section No. & Title	Approved As Is <i>[For County Counsel Use Only]</i>	Modifications Required <i>[For County Counsel Use Only]</i>
1: Exhibits		
10: Compliance with Laws; Payment of Permits/Licenses		
15: Amendments		

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

Section 1: Exhibits – Removed reference to Attachment I—§504 Compliance

Section 10: Compliance with Laws; Payment of Permits/Licenses – Removed "as amended and incorporated by reference herein as Attachment "I,""

Section 15: Added "Amendments – The Chief Information Officer or his designee is authorized to execute contract amendments which modify (1) the County's maximum fiscal obligation under this Agreement by an increase of no more than \$25,000 in aggregate for all such amendments; (2) the Agreement's term; and/or (3) the services provided under the Agreement, provided that the modified Agreement remains within the Agreement's fiscal provisions, including the not-to-exceed amount (as modified by this section)."

☐ Approve Agreement/Exhibits/Attachments

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

See attached email
Signature

Date

Joy Cheechov - Re: Axsium Contract V7

From: Glenn Levy
To: Joy Cheechov
Date: 6/7/2008 5:07 AM
Subject: Re: Axsium Contract V7

Joy-

This changes are fine. I can't scan and email the signature to the CCO Approval form from here, but you may sign it for me and attach this email as proof of my approval. Alternatively, you can have my secretary, Mary Cavin, sign it for me on Monday morning by showing her this email. I'll email you re the memo under separate cover.

-Glenn

CONTRACT INSURANCE APPROVAL

DATE: March 6, 2008

TO: Faiza Steele

FAX: 363-4864 PONY: HRD 163

FROM: Joy Cheechov

PHONE: 4739

FAX: 363-7800

PONY: ISD120

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

CONTRACTOR NAME: Axsium Group, Inc.

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? No

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Professional Services to assess project progress and delivery of report.

The following will be completed by Risk Management:

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

REMARKS/COMMENTS:

Faiza Steele
Faiza Steele
Risk Management Analyst

3/6/08
Date

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

03/06/2008

BROKER



HKMB HUB International Limited
 595 Bay Street, Ste 900
 Toronto, ON M5G 2E3
 T: (416) 597-0008 F: (416) 597-2313

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.

Company
A

St. Paul Fire & Marine Insurance Co.

Company
B

Company
C

Company
D

Company
E

INSURED'S FULL NAME AND MAILING ADDRESS

Axsum Group Inc.
 67 Mowat Avenue, Suite 431
 Toronto, ON M6K 3E3

COVERAGES

This is to certify that 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. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input checked="" type="checkbox"/> HIRED AUTOMOBILE	A	CPC0093850	10/14/2007	10/14/2008	EACH OCCURRENCE	\$ 3,000,000
					GENERAL AGGREGATE	\$ 3,000,000
					PRODUCTS - COMP/OP AGGREGATE	\$ 3,000,000
					PERSONAL INJURY	\$ 3,000,000
					EMPLOYER'S LIABILITY	\$ 1,000,000
					TENANT'S LEGAL LIABILITY	\$ 1,000,000
					NON-OWNED AUTOMOBILE	\$ 1,000,000
					HIRED AUTOMOBILE	\$ 50,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER (SPECIFY)						\$
						\$
						\$
						\$
						\$

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED

CERTIFICATE HOLDER

County of San Mateo - ISD
 Joy Cheechov
 455 County Center, 3rd Floor
 Redwood City, CA 94063

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR 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

Per: _____

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