

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- ☒ a. Employs fewer than 15 persons.
- ☐ b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Michael Siegel, MD

Name of 504 Person - Type or Print

Michael Siegel, MD

Name of Contractor(s) - Type or Print

101 N. El Camino Real

Street Address or P.O. Box

San Mateo CA 94401

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

[Signature]

Signature

Owner Sole Proprietor

Title of Authorized Official

7/27/08

Date

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

County of San Mateo
Contractor's Declaration Form

I. CONTRACTOR INFORMATION

Contractor Name:	MICHAEL SIOGEL, MD	Phone:	650 342-7604
Contact Person:	Anna or Blanca	Fax:	650 342-1201
Address:	101 N. St Camino Real San Mateo CA 94401		

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

7/27/08

Date

Michael Siogel, MD


Name
owner Sole Proprietor

Title

CONTRACT INSURANCE APPROVAL**DATE:** July 12, 2008**TO:** Faiza Steele, FAX: 4864 PONY: HRD 163**FROM:** Barbara Burrell, SMMC, Ext. 3954, FAX: 2267, PONY: HOS316MM**CONTRACTOR NAME:** Michael Siegel, M.D.**DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?** No**NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:** More than one**DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:** Provide neurology services to patients of San Mateo Medical Center.**The following will be completed by Risk Management:**

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

REMARKS/COMMENTS: _____

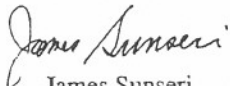
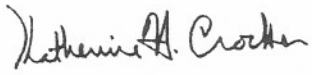

Faiza Steele
Risk Management Analyst

7/30/08
Date

NORCAL
Mutual Insurance Company
560 Davis Street
San Francisco, CA 94111
Telephone: (415) 397-9700
(800) 652-1051

IE-1000
DECLARATIONS PAGE
PROFESSIONAL LIABILITY
INSURANCE POLICY

POLICY NUMBER: 023414
POLICYHOLDER SINCE: August 1, 1986

ITEM 1:	NAMED INSURED AND PRACTICE ADDRESS: Michael Siegel, MD, 101 N. El Camino # 5, San Mateo, CA 94401 MAILING ADDRESS: 101 N. El Camino # 5, San Mateo, CA 94401	
ITEM 2:	POLICY PERIOD Effective Date: January 1, 2008	Expiration Date: January 1, 2009
ITEM 3:	RETROACTIVE DATE: August 1, 1986	
ITEM 4:	PRACTICE DESCRIPTION Medical Specialty: Neurology (Non-Interventional)	Classification Code: 9048
ITEM 5:	COVERAGES AND LIMITS OF LIABILITY PROVIDED (YOU HAVE INSURANCE ONLY WHERE COVERAGE IS INDICATED WITH AN "X")	
	\$1,000,000 \$3,000,000	Each Claim Aggregate Limit per Policy Period
	<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made	
	<input checked="" type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified above.	
	<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made \$30,000 Each Administrative Proceeding or Employment-Related Civil Action \$30,000 Aggregate Limit per Policy Period	
ITEM 6:	POLICY PREMIUM	\$ 9,857.00
ITEM 7:	ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION AND FORMING A PART OF THIS POLICY ARE LISTED ON THE ATTACHED ENDORSEMENT SCHEDULE.	
DATE ISSUED: November 2, 2007		
THIS DECLARATIONS PAGE, AND THE POLICY REFERENCED HEREIN, HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED SUBJECT TO PAYMENT OF ALL BILLED PREMIUMS BY THE DUE DATE SPECIFIED AND ALL THE TERMS, CONDITIONS, AND EXCLUSIONS OF THE POLICY.		
THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE <u>CLAIMS</u> THAT ARE FIRST MADE AGAINST AN <u>INSURED</u> AND REPORTED TO <u>US</u> WHILE THE POLICY IS IN FORCE.		
In Witness whereof:	 James Sunseri President	 Katherine H. Crocker Secretary