# County of San Mateo Contractor's Declaration Form

## I. CONTRACTOR INFORMATION

| Contractor Name: | Syntellect Inc                       | Phone: | 602-789-2800  |
|------------------|--------------------------------------|--------|---------------|
| Contact Person:  | Terri Barron                         | Fax:   | 602-789- 27/5 |
| Address:         | 16610 N. Black Canyon Hwy, Suite 100 |        |               |
|                  | Phoenix, AZ 85053                    |        |               |

|                  | Ac                         | ddress:                                       | 16610 N. Black Car<br>Phoenix, AZ 85053                                |   | 00                               |  |
|------------------|----------------------------|---|--|---|----------------------------------|--|
|                  |                            |   |  |   |                                  | •  |
| Contrac          | tors wi                    | ith contra                                    |  | 000 must treat spo  |                                  | d domestic partners equally as to employee benefits.   |
|                  |                            |   | nplies with the Count  | •   |                                  | •  |
|                  |                            | _   | •  | • •   |                                  | employees with domestic partners.  |
|                  | Г<br>2                     | _   | •  | •   |                                  | es in lieu of equal benefits.  |
|                  |                            |   | es not comply with the   | •   |                                  | Ordinance.   |
|                  | Γ                          | Contractor less.                              | •  | s, does not provid  | le benefit                       | s to employees' spouses, or the contract is for \$5,000  |
|                  | Γ                          |   | etor is a party to a col<br>and intends to offer e                     |   |                                  | ent that began on (date) and expires on<br>preement expires.   |
| III. NO          | N-DIS                      | CRIMINA                                       | ATION (check appro   | priate box)   |                                  |  |
| Γ<br><b>&gt;</b> | Oppor<br>attach<br>No find | tunity Co<br>ed shee<br>ding of d             | ommission, Fair Emp<br>t of paper explaining<br>liscrimination has bed | oloyment and Hous<br>the outcome(s) or<br>en issued in the pa             | sing Com<br>remedy<br>ast year a | stor within the past year by the Equal Employment amission, or other investigative entity. Please see for the discrimination.  Against the Contractor by the Equal Employment amission, or any other entity. |
| Contrac          | tors wi                    | ith origin                                    |  | acts in excess of \$  | 100,000                          | must have and adhere to a written policy that<br>rular pay for actual jury service in the County.  |
|                  | Contra                     | actor doe<br>actor is e<br>the cor<br>Contrac |  | e County's Employ<br>uirement because:<br>or less.<br>llective bargaining | yee Jury<br>agreeme              |  |
|                  |                            |   | ty of perjury under<br>zed to bind this ent                            |   |                                  | California that the foregoing is true and correct,   |
| 1                | 12                         |   | -  |   |                                  | T i D  |
| Signatu          | re                         |   |  |   |                                  | _Terri Barron<br>ame   |
| Signatu Date     | 8/0                        | 2008  |  |   |                                  | Director Human Resourcestle  |

8-7-06

# **County Counsel Review Form**

| Date:      | October 27, 2008  |
|------------|---|
| To:        | Glenn Levy  |
| From:      | Patricia Gonzales, x1564  |
| Subject:   | Amendment Review and Approval   |
| Contracto  | r: Syntellect, Inc.   |
| Maximum    | n Amount:\$323,132  |
| Rate of Pa | ayment: FY 08/09 Budget   |
| _X No      | changes on the standard agreement form  |
| The        | following sections have been changed on the "standard" agreement:   |
|            |   |
|            |   |
|            |   |
|            |   |
| Modifica   | tions (Please specify modifications to be made below. Use additional paper if needed.):                                 |
|            | rove Agreement/Exhibits/Attachments rove Agreement/Exhibits/Attachments with the modifications that have been described |
| Signature  |   |

### CONTRACT INSURANCE APPROVAL

October 14, 2008

TO:

Faiza Steele

FAX: 363-4864 PONY: HRD 163

FROM:

Patricia Gonzales

PHONE: 599-1564

FAX: 599-9321

PONY: ISID120

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

CONTRACTOR NAME: Syntellect, Inc.

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: Yes

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Software support, maintenance and professional services.

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

| INSURANCE COVERAGE:                | Amount      | Approve | Waive | Modify |
|------------------------------------|-------------|---------|-------|--------|
| Comprehensive General<br>Liability | \$2,000,000 | ď       |       |        |
| Motor Vehicle Liability            |             |         | CP/   |        |
| Professional Liability             | \$1,000,000 | V       |       |        |
| Workers' Compensation              | \$1,000,000 |         |       |        |
|                                    |             |         |       |        |

REMARKS/COMMENTS:

Stell 10/15/08
Date



### **Certificate of Insurance**

No. 2008-57 Dated: August 19, 2008

This document supersedes any certificate previously issued under this number

This is to certify that the Policy(ies) of insurance listed below ("Policy" or "Policies") have been issued to the Named Insured identified below for the policy period(s) indicated. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder named below other than those provided by the Policy(ies).

Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the Policy(ies) is subject to all the terms, conditions and exclusions of such Policy(ies). This certificate does not amend, extend or alter the coverage afforded by the Policy(ies). Limits shown are intended to address contractual obligations of the Named Insured.

Limits may have been reduced since Policy effective date(s) as a result of a claim or claims.

Certificate Holder:

County of San Mateo - Human Services Agency

Bldg A - 262 Harbor Blvd. Belmont, CA 94002

Attn.: Carla Damante at email cdamante@co.sanmateo.ca.us

Named Insured and Address:

Enghouse Systems Limited a/o Syntellect Inc.

Suite 800 - 80 Tiverton Court Markham, ON L3R 0G4

Mike DiModugno at email: MDimodugno@syntellect.com

| Type(s) of Insurance  | Insurer(s)  Chubb Insurance Company of Canada | Policy<br>Number(s)<br>35780045 | Effective/<br>Expiry Dates<br>Jul 31, 2008 to<br>Jul 31, 2009 | Sums Insured Or Limits of Liability |   |
|---|---|---------------------------------|---|-------------------------------------|---|
| COMMERCIAL GENERAL<br>LIABILITY   |   |                                 |   | Personal & Advertising Injury       | CDN 2,000,000   |
| <ul> <li>Employer's Liability</li> <li>Includes Blanket Contractual</li> <li>Includes Cross Liability Clause</li> </ul> |   |                                 |   | Limit of Liability                  | USD 2,000,000<br>Bodily Injury and<br>Property Damage                           |
|   |   |                                 |   | Deductible                          | CDN 2,500<br>Bodily Injury and<br>Property Damage<br>Per Occurrence             |
|   |   |                                 |   | Deductible                          | CDN 1,000<br>Legal Liability<br>Damage to Hired<br>Autos Each and<br>Every Loss |
| US WORKERS' COMPENSATION  | Liberty Mutual Insurance<br>Company           | WCI-B72-170093-018              | Jul 31, 2008 to<br>Jul 31, 2009                               | Each Accident                       | USD 1,000,000<br>Employers'<br>Liability-Bodily<br>Injury by Accident           |
| ERRORS & OMISSIONS  | Chubb Insurance Company of Canada             | 35780045                        | Jul 31, 2008 to<br>Jul 31, 2009                               | Limit of Liability                  | CDN 1,000,000<br>Aggregate  |
|   |   |                                 |   | Deductible                          | CDN 50,000<br>Each and Every<br>Loss  |
| UMBRELLA  | Chubb Insurance Company of Canada             | 79219491                        | Jul 31, 2008 to<br>Jul 31, 2009                               | Limit of Liability                  | CDN 1,000,000<br>Per Occurrence   |
|   |   |                                 |   | Limit of Liability                  | CDN 1,000,000 Products & Completed Operations-Aggrega                           |

#### **Additional information:**

It is hereby understood and agreed that the County of San Mateo is added as an Additional Insured as their interests may appear but only with respect to liability arising out of the operations of the Named Insured.

#### **Notice of cancellation:**

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer(s) affording coverage will endeavour to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer(s) affording coverage, their agents or representatives, or the issuer of this certificate.

**MARSH** 

## **Certificate of Insurance**

No. 2008-57

Dated:

August 19, 2008

This document supersedes any certificate previously issued under this number

**Marsh Canada Limited** 

70 University Avenue

Suite 800

Toronto, ON M5J 2M4 Telephone: 416-349-4624 Fax: 416-349-4519

rebecca.dzorevski@marsh.com

Marsh Canada Limited

By:



Rebecca Dzorevski