

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

**I. CONTRACTOR INFORMATION**

Contractor Name:	COMPU COM SYSTEMS INC	Phone:	425-974-2000
Contact Person:	MARK WESTON	Fax:	425-974-2001
Address:	1756-114TH AVE SE, SUITE 220 BELLEVUE WA 98004		

**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)**

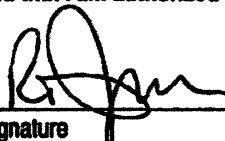
- ☐ Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.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

12-17-07  
\_\_\_\_\_  
Date

R.T. JORGENSEN  
\_\_\_\_\_  
Name

PRESIDENT  
\_\_\_\_\_  
Title

**CONTRACT INSURANCE APPROVAL**

DATE: 12/14/07

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Patricia Gonzales

PHONE: 599-1564 FAX: 363-7800 PONY: ISD 120

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

CONTRACTOR NAME: COMPUCOM

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

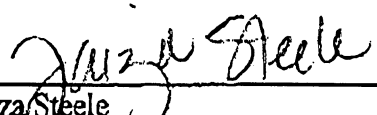
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: Yes

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Staffing Services

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

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	\$500,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

  
Faiza Steele  
Risk Management Analyst

12/17/07  
Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2008

**PRODUCER**  
Aon Risk Services Central, Inc.  
fka Aon Risk Services, Inc. of PA  
One Liberty Place  
1650 Market Street  
Suite 1000  
Philadelphia PA 19103 USA  
PHONE-(866) 283-7122 FAX-(847) 953-5390

**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**  
CompuCom Systems, Inc.  
7171 Forest Lane  
Dallas TX 75230 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	St Paul Fire & Marine Insurance Co.	24767
INSURER B:	Travelers Property Cas Co of America	25674
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.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	TE02902675 08-09 Package	08/20/08	08/20/09	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
		<input checked="" type="checkbox"/> Contractual Liab				PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A A A		<b>AUTOMOBILE LIABILITY</b>	TE02902675 08-09 Travelers Package MA02900088 08-09 MA Auto TE02902676 08-09 Auto VA	08/20/08	08/20/09	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	
A		<b>EXCESS /UMBRELLA LIABILITY</b>	TE02902675	08/20/08	08/20/09	EACH OCCURRENCE	\$5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$5,000,000
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION					
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	HC2JUB5351M495 08 08-09 WC	08/20/08	08/20/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
A		<b>OTHER</b>	TE02902675 08-09 E&O	08/20/08	08/20/09	E&O Occurrence	\$5,000,000
		Misc E&O Cvg				E&O Aggregate	\$5,000,000

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

Workers Compensation included except for Monopolistic states of ND, OH, WA, WV, and WY.

## CERTIFICATE HOLDER

COUNTY OF SAN MATEO  
INFORMATION SERVICES DEPARTMENT  
ATTN: MARYANNE CARBONI  
455 COUNTY CENTER  
REDWOOD CITY CA 94063 USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central Inc*

### County Counsel Review Form

Date: November 10, 2008  
To: Glenn Levy  
From: Patricia Gonzales, x1564  
Subject: Amendment Review and Approval

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Contractor: Compucom Systems, Inc

Maximum Amount: \$5,687,000

Rate of Payment: Monthly

☒ No changes on the standard agreement form

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

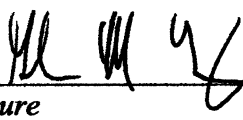
<b>Section No. &amp; Title</b>	<b>Approved As Is</b> <i>[For County Counsel Use Only]</i>	<b>Modifications Required</b> <i>[For County Counsel Use Only]</i>

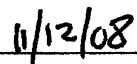
**Modifications** (Please specify modifications to be made below. Use additional paper if needed.):

Amend dollar amount- Old amount \$5,392,000      New amount \$5,687,000

☐ Approve Agreement/Exhibits/Attachments

☒ Approve Amendment/Exhibits/Attachments with the modifications that have been described

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date