

County of San Mateo

Contractor's Declaration Form

I. CONTRACTOR INFORMATION

Contractor Name:	IGLN, INC.	Phone:	610-558-5100
Contact Person:	CHRISTOPHER E. SMITH	Fax:	610-558-1753
Address:	2025 EDGEWOOD AVENUE EASTON, PA 18045		

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)

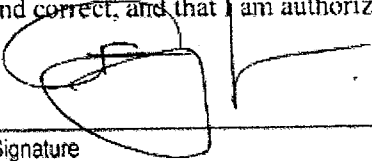
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.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

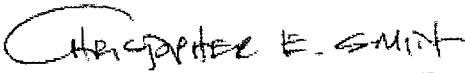
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.



 Signature

5/4/07

 Date



 Name

PRESIDENT

 Title

County Counsel Review Form

Date: November 24, 2008
To: Glenn Levy
From: Cyndy Chin
Subject: Amendment Review and Approval

Contractor: IGCN

Maximum Amount: \$420,080

Rate of Payment: Net 30 after execution of Amendment, SMMC sign off on milestones, and receipt of invoices

No changes on the standard agreement form
(Vendor accepted all revisions per 1st review by County Counsel)

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

Section 2 – "Contract Term" of the Agreement	extended term and change re termination per Section 10 okay <i>GML</i>	
Section 3 – "Payments" of the Agreement	updated amount okay <i>GML</i>	
Section 10 is amended	mutual ability to terminate with 30 days' notice okay <i>GML</i>	
Original Exhibit "A" modified to add new milestones, cost list	added language okay <i>GML</i>	

CONTRACT INSURANCE APPROVAL

DATE: November 10, 2008

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

FROM: Cyndy Chin PHONE: x3528 FAX: 627-9160 PONY: ISD 348

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

CONTRACTOR NAME: Interactive Global Communications Network (IGCN)

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

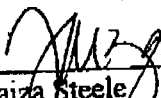
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: 26

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Upgrade the current San Mateo Medical Center Internet website to better address the needs and expectations of external audiences, and the business requirements of San Mateo Medical Center.

The following will be completed by Risk Management:

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

REMARKS/COMMENTS:



 Faiza Steele
 Risk Management Analyst

_____ Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2008

PRODUCER
W.N. Tuscano Agency Inc.
PO Box 1027
GREENSBURG PA 15601

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.

RETAIL PRODUCER:
R.J. Grandinetti Associates Ph: 610-868-2066

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
INTERACTIVE GLOBAL COMMUNICATIONS NETWORK
P O BOX 348
EASTON PA 18044

INSURER A: American Int Spec Lines Ins 0
INSURER B:
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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
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	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$																
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="0"> <tr> <td><input type="checkbox"/></td> <td>WC STATU-TORY LIMITS</td> <td><input type="checkbox"/></td> <td>OTH-ER</td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	<input type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER		E.L. EACH ACCIDENT		\$		E.L. DISEASE - EA EMPLOYEE		\$		E.L. DISEASE - POLICY LIMIT		\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

Richard Tuscano

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2008

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R.J. Grandinetti Associates Ph: 610-868-2066

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Essex Insurance Company	39020
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
INTERACTIVE GLOBAL COMMUNICATIONS NETWORK
P O BOX 348
EASTON PA 18044

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AUTHORIZED REPRESENTATIVE

