

**REVENUE AGREEMENT FOR SERVICE BETWEEN**

**The San Mateo County Superintendent of Schools**

**AND**

**The San Mateo County Probation Department**

**FOR**

**Group Supervisor Staff at Community Schools**

This Revenue Agreement is made on this \_\_\_\_\_ day \_\_\_\_\_ by and between the San Mateo County Superintendent of Schools (“the Superintendent”) and the San Mateo County Probation Department (“Probation”).

**WHEREAS**, the Superintendent operates Community Schools as an alternative institution to provide compulsory education for students in accordance with the California Education Code; and

**WHEREAS**, Probation employs Group Supervisors to maintain order and safety at institutions for juveniles on Probation, including Community Schools;

**NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:**

1. Definitions

- a. Community Schools: Community Schools provide an alternative education program for students who are expelled, or are referred by the Juvenile Court, Probation, school districts, or the School Attendance Review Board. All referrals shall be approved by the student’s district of residence.
- b. Court Schools: Court Schools are operated within a Probation institution (Youth Services Center, Margaret J. Kemp Camp, or Camp Glenwood).

2. Reimbursement

The Superintendent shall reimburse Probation 100% of salary and benefits for Group Supervisors tasked at the Community Schools in an amount not to exceed \$446,394 for fiscal year 2010-11, payable upon receipt of quarterly invoices from Probation reflecting payment of such salaries and benefits.

3. Services

Probation shall provide four (4) full-time Group Supervisors to carry out the following responsibilities at Community Schools sites:

- a. Intervene as early as possible and de-escalate conflict situations;
- b. Respond to emergency situations;
- c. Assist in and confer with Office of Education staff on all aspects of investigations of student misbehavior;
- d. Assist in the preparation of disciplinary incident reports;
- e. Provide individual counseling and/or small group discussions in the areas of good conduct, cognitive strategies, behavior modification techniques, or other topics;
- f. Assist teachers in achieving and maintaining order in classrooms;
- g. Conduct searches of students for objects or materials prohibited by school regulations;
- h. Supervise youth during lunches and after-school detention;

- i. Orient new students and parents or caregivers to school rules (intakes);
- j. Receive attendance information from teachers and attempt to contact or visit students who are absent from school;
- k. Counsel tardy students;
- l. Enter into behavioral contracts with students and monitor compliance with those contracts;
- m. Assist probationers in complying with the conditions of their probation, including their school attendance and behavior;
- n. Interact with parents and caregivers regarding their child's behavior at school;
- o. Participate in incident review meetings;
- p. Attend briefings, monthly staff meetings, and in-services;
- q. Assist in planning special events or trips for students whenever possible;
- r. Refer students and families to appropriate community-based organizations and resources as needed; and
- s. Perform any such job duties of a Group Supervisor as become necessary when tasked to Community Schools.

Probation shall encourage Community Schools Group Supervisors to schedule their vacation leave during periods of time when school is not in session. Probation shall make best efforts to minimize the use of substitutes when the regularly assigned Group Supervisors are absent from duty. The cost of substitute Group Supervisors may be invoiced to the Superintendent, but the use of substitutes to back-fill for absences arising from any cause other than illness or injury of the regularly-tasked Group Supervisor, or other unforeseeable circumstance not avoidable through scheduling, shall be approved in advance by a designee of the Community School. Probation shall meet on a quarterly basis with designees of the Superintendent to review progress on and compliance with the provisions of this Agreement.

#### 4. Employment

Community Schools Group Supervisors shall remain employees of Probation. For administrative supervision, the Group Supervisors shall report to the Director of Institutions Services or his/her designee.

#### 5. Term of Agreement

This Revenue Agreement shall be binding on the parties upon execution of the Agreement by all parties. The Agreement may be terminated by Probation or the Superintendent at any time and for any reason upon thirty (30) days written notice to the other party.

#### 6. Mutual Hold Harmless

- a. It is agreed that Probation shall defend, save harmless and indemnify the Superintendent, his/her officers and employees from any and all claims which arise out of the terms and conditions of this Agreement and which result from the negligent acts or omissions of Probation, its officers and/or employees.
- b. It is agreed that the Superintendent shall defend, save harmless, and indemnify Probation, its officers and employees from any and all claims for injuries or damage to persons and/or property which arise out of the terms and conditions of this Agreement and which result from the negligent acts or omissions of the Superintendent, his/her officers and/or employees.
- c. In the event of concurrent negligence of the Superintendent, and/or his/her officers and/or employees, and Probation and/or its officers and/or employees, then the liability for any and all claims for injuries or damage to persons and/or property which arise out of terms

and conditions of this Agreement shall be apportioned according to the California theory of comparative negligence.

7. Payment Procedure

Probation shall submit to the Superintendent quarterly invoices for the actual salary and benefits of the four (4) full-time Group Supervisors assigned to Community Schools. The Superintendent shall pay the invoice promptly within a period not to exceed thirty (30) days of receipt of said invoice.

**IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.**

SAN MATEO COUNTY SUPERINTENDENT OF SCHOOLS

Karen K. Philip  
Signature

Karen K. Philip, Deputy Superintendent  
Printed name

Date: 4/23/10

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
President, Board of Supervisors

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

**SAN MATEO COUNTY OFFICE OF EDUCATION**  
**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.

\_\_\_\_\_  
Name of 504 Person - Type or Print

San Mateo County Office of Education  
\_\_\_\_\_  
Name of Contractor(s) - Type or Print

101 Twin Dolphin Drive  
\_\_\_\_\_  
Street Address or P.O. Box

Redwood City, CA 94061  
\_\_\_\_\_  
City, State, Zip Code

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

Kare K. Philif  
\_\_\_\_\_  
Signature

Deputy Superintendent  
\_\_\_\_\_  
Title of Authorized Official

November 23, 2010  
\_\_\_\_\_  
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:	San Mateo County Office of Education	Phone:	650-802-5588
Contact Person:	Karen Philip	Fax:	650-802-5503
Address:	101 Twin Dolphin Drive Redwood City, CA 94061		

**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.

Karen K. Philip  
Signature  
November 23, 2010  
Date

Karen K. Philip  
Name  
Deputy Superintendent  
Title

### CONTRACT INSURANCE APPROVAL

Date: November 15, 2010

To: Faiza Steele

From: Sharon Jones, Probation Department

Phone 312-5241

Fax 312-5597

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

Contractor name: San Mateo County Office of Education

Does the contractor travel as part of the contract services? No

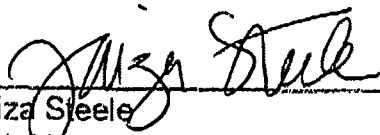
Duties to be performed by Contractor for County:

Revenue Agreement to fund Group Supervisors in Office of Education Community Schools

The following is to 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		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" 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

11/15/10  
 Date

Keenan & Associates  
1740 Technology Drive, Suite 300  
San Jose, CA 95110

# MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline™**

San Mateo County Probation  
Attn: Yvonne Brown  
222 Paul Scannell Drive  
San Mateo CA 94020

**Sender:** Frances Freeman  
**Phone:** 408-441-0754  
**Subject:** Certificate of Coverage: San Mateo COE  
**Date:** 6/22/2010  
**No. of Pages:** 3  
**URL:** [www.keenan.com](http://www.keenan.com)

Here is/are the 2010/2011 renewal certificate(s) for your files. If you no longer require a certificate, please cross through it and fax it to my attention at 408-436-9308.

Thank you and have a great day!

This document was created by eCertsONLINE.

The attached or linked document(s) contain certification of insurance coverage for the insured named in the subject above. Your company is listed as the organization requesting receipt of these documents.

If this document is sent via e-mail, you must click on the link below. The linked document is in a pdf format, and you must have Adobe Acrobat Reader installed on your system. To download the Adobe Reader for free, visit [www.Adobe.com](http://www.Adobe.com).

If you have any questions regarding the content of this message, you should contact the Producer/Agency listed on the attached/linked documents.

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THE MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE.

**ADMINISTRATOR:** LICENSE # **0451271**  
**Keenan & Associates**  
 1740 Technology Drive, Suite 300  
 San Jose, CA 95110  
 408-441-0754  
 www.keenan.com

**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 COVERAGE DOCUMENTS BELOW.**

**COVERED PARTY:**  
**San Mateo County Office of Education**  
**San Mateo Co SIG**  
**Attn: Margie Gustafson**  
**101 Twin Dolphin Drive**  
**Redwood City CA 94065**

**ENTITIES AFFORDING COVERAGE:**  
 ENTITY A: **Protected Insurance Program for Schools**  
 ENTITY B:  
 ENTITY C:  
 ENTITY D:  
 ENTITY E:

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
	<b>GENERAL LIABILITY</b> [ ] GENERAL LIABILITY [ ] CLAIMS MADE ( ) OCCURRENCE [ ] GOVERNMENT CODES [ ] ERRORS & OMISSIONS [ ]			\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$
	<b>AUTOMOBILE LIABILITY</b> [ ] ANY AUTO [ ] HIRED AUTO [ ] NON-OWNED AUTO [ ] GARAGE LIABILITY [ ] AUTO PHYSICAL DAMAGE			\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$
	<b>PROPERTY</b> [ ] ALL RISK [ ] EXCLUDES EARTHQUAKE & FLOOD [ ] BUILDER'S RISK			\$	\$ EACH OCCURRENCE
	<b>STUDENT PROFESSIONAL LIABILITY</b>			\$	\$ EACH OCCURRENCE
<b>A</b>	<b>WORKERS COMPENSATION</b> [ <input checked="" type="checkbox"/> ] EMPLOYERS' LIABILITY	<b>PIPS10807</b>	<b>7/1/2010 7/1/2011</b>	\$	[ ] WC STATUTORY LIMITS [ <input checked="" type="checkbox"/> ] OTHER \$ <b>1,000,000</b> E.L. EACH ACCIDENT
	<b>EXCESS WORKERS COMPENSATION</b> [ ] EMPLOYERS' LIABILITY			\$	\$ <b>1,000,000</b> E.L. DISEASE - EACH EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMITS
	<b>OTHER</b>			\$ \$	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:**  
 Proof of coverage.

**CERTIFICATE HOLDER:**  
**San Mateo County Probation**  
**Attn: Yvonne Brown**  
**222 Paul Scannell Drive**  
**San Mateo CA 94020**

**CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR 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 ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.**

  
**Graham Grice**  
 AUTHORIZED REPRESENTATIVE



## DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

GL1-2395	AI	<b>CERTIFICATE OF COVERAGE</b>	06/28/2010
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## CSAC Excess Insurance Authority

**C/O ALLIANT INSURANCE SERVICES, INC.**  
**PO BOX 6450**  
**NEWPORT BEACH, CA 92658-6450**  
 PHONE (949) 756-0271 / FAX (619) 699-0901  
 LICENSE #0C36861

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED **A - CSAC Excess Insurance Authority**

COVERAGE AFFORDED **B**

COVERAGE AFFORDED **C**

COVERAGE AFFORDED **D**

**Member:**

SAN MATEO COUNTY SCHOOLS INS GROUP  
 ATTN: TRAVIS STEAGALL  
 1791 BROADWAY  
 REDWOOD CITY, CA 94063

**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input type="checkbox"/> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA-PE 10 EL-64	07/01/2010	07/01/2011	Difference between \$1,000,000 and the Member's Self-Insured Retention of \$250,000 Completed Operations Aggregate Applies

**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS THE AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND SAN MATEO COE FOR SERVICES UNDER THE JJCPA.

THE COUNTY OF SAN MATEO, ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE INCLUDED AS ADDITIONAL COVERED PARTY, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

SAN MATEO COUNTY OFFICE OF EDUCATION IS A MEMBER OF SAN MATEO COUNTY SCHOOLS INSURANCE GROUP

<p><b>Certificate Holder</b></p> <p>SAN MATEO COUNTY PROBATION DEPARTMENT,                  JUVENILE SERVICES, HILLCREST                  21 TOWER RD.                  SAN MATEO, CA 94402</p>	<p><b>Cancellation</b>                  SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Michael Stein</i></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>
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**ENDORSEMENT NO. U-1**

**CSAC EXCESS INSURANCE AUTHORITY (CSAC EIA)  
GENERAL LIABILITY I**

**ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT**

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

**ADDITIONAL COVERED PARTY:**

NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE

**AS RESPECTS:**

PER ATTACHED CERTIFICATE OF COVERAGE

**It is further agreed that nothing herein shall act to increase the Authority's limit of liability.**

**This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.**

**Effective Date:** \_\_\_\_\_

**Memorandum No.:** PER ATTACHED CERTIFICATE OF COVERAGE

**Issue Date:** July 1, 2010



\_\_\_\_\_  
**Authorized Representative  
CSAC Excess Insurance Authority (CSAC EIA)**

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL1-2248	CO	<b>CERTIFICATE OF COVERAGE</b>	06/28/2010
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## CSAC Excess Insurance Authority

**C/O ALLIANT INSURANCE SERVICES, INC.**  
**PO BOX 6450**  
**NEWPORT BEACH, CA 92658-6450**  
 PHONE (949) 756-0271 / FAX (619) 699-0901  
 LICENSE #0C36861

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED **A - CSAC Excess Insurance Authority**

**Member:**

SAN MATEO COUNTY SCHOOLS INS GROUP  
 ATTN: TRAVIS STEAGALL  
 1791 BROADWAY  
 REDWOOD CITY, CA 94063

COVERAGE AFFORDED **B**

COVERAGE AFFORDED **C**

COVERAGE AFFORDED **D**

**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS CONTRACTS FOR SERVICES FOR YOUTH ON PROBATION.

SAN MATEO COUNTY OFFICE OF EDUCATION IS A MEMBER OF SAN MATEO COUNTY SCHOOLS INSURANCE GROUP

**Certificate Holder**

SAN MATEO COUNTY PROBATION DEPARTMENT,  
 JUVENILE SERVICES, HILLCREST  
 21 TOWER RD.  
 SAN MATEO, CA 94402

**Cancellation**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE



CSAC EXCESS INSURANCE AUTHORITY

GL1-2541	AI	<b>CERTIFICATE OF COVERAGE</b>	06/28/2010
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<p><b>CSAC Excess Insurance Authority</b>  <b>C/O ALLIANT INSURANCE SERVICES, INC.</b>  <b>PO BOX 6450</b>  <b>NEWPORT BEACH, CA 92658-6450</b>          PHONE (949) 756-0271 / FAX (619) 699-0901          LICENSE #0C36861</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>
<p><b>IMPORTANT:</b> If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>	
<p>COVERAGE AFFORDED <b>A - CSAC Excess Insurance Authority</b></p>	

<p><b>Member:</b>          SAN MATEO COUNTY SCHOOLS INS GROUP          ATTN: TRAVIS STEAGALL          1791 BROADWAY          REDWOOD CITY, CA 94063</p>	<p>COVERAGE AFFORDED <b>B</b></p>
<p>COVERAGE AFFORDED <b>C</b></p>	
<p>COVERAGE AFFORDED <b>D</b></p>	

**Coverages**  
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**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS AGREEMENT WITH THE COUNTY OF SAN MATEO PROBATION DEPARTMENT IN ASSOCIATION WITH PROVIDING LITERACY/NUMERACY INSTRUCTION, COURT AND COMMUNITY SCHOOL COUNSELING AND PROVIDING A TEACHER'S AID FOR THE YOUTH AND FAMILY RESOURCE CENTER.

SAN MATEO COUNTY, ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE INCLUDED AS ADDITIONAL COVERED PARTIES, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

SAN MATEO COUNTY OFFICE OF EDUCATION IS A MEMBER OF SAN MATEO COUNTY SCHOOLS INSURANCE GROUP

<p><b>Certificate Holder</b></p> <p>SAN MATEO COUNTY PROBATION          ATTN: YVONNE BROWN          222 PAUL SCANNELL DRIVE          SAN MATEO, CA 94020</p>	<p><b>Cancellation</b>          SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p>
<p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Michael [Signature]</i></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>	

**ENDORSEMENT NO. U-1**

**CSAC EXCESS INSURANCE AUTHORITY (CSAC EIA)  
GENERAL LIABILITY I**

**ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT**

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

**ADDITIONAL COVERED PARTY:**

NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE

**AS RESPECTS:**

PER ATTACHED CERTIFICATE OF COVERAGE

**It is further agreed that nothing herein shall act to increase the Authority's limit of liability.**

**This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.**

**Effective Date:** \_\_\_\_\_

**Memorandum No.:** PER ATTACHED CERTIFICATE OF COVERAGE

**Issue Date:** July 1, 2010



**Authorized Representative  
CSAC Excess Insurance Authority (CSAC EIA)**

GL1-1649	AI	<b>CERTIFICATE OF COVERAGE</b>	06/28/2010
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## CSAC Excess Insurance Authority

**C/O ALLIANT INSURANCE SERVICES, INC.**  
**PO BOX 6450**  
**NEWPORT BEACH, CA 92658-6450**  
 PHONE (949) 756-0271 / FAX (619) 699-0901  
 LICENSE #0C36861

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED **A - CSAC Excess Insurance Authority**

**Member:**

SAN MATEO COUNTY SCHOOLS INS GROUP  
 ATTN: TRAVIS STEAGALL  
 1791 BROADWAY  
 REDWOOD CITY, CA 94063

COVERAGE AFFORDED **B**

COVERAGE AFFORDED **C**

COVERAGE AFFORDED **D**

**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input type="checkbox"/> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA-PE 10 EL-64	07/01/2010	07/01/2011	Difference between \$1,000,000 and the Member's Self-Insured Retention of \$250,000 Completed Operations Aggregate Applies

**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS YOUTH DEVELOPMENT PROGRAMMING (AFTER SCHOOL PROGRAMS, SOCIAL/EMOTIONAL CLASS FOR 7TH GRADERS, ADVISORY BOARD, SUMMER PROGRAMMING).

COUNTY OF SAN MATEO, ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE INCLUDED AS ADDITIONAL COVERED PARTIES, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

THIS INSURANCE SHALL BE PRIMARY PURSUANT TO ENDORSEMENT NUMBER 18.

CABRILLO UNIFIED SCHOOL DISTRICT IS A MEMBER OF SAN MATEO COUNTY SCHOOLS INSURANCE GROUP

**Certificate Holder**

SAN MATEO COUNTY, PROBATION DEPT., JUVENILE DIVISION  
 ATTN: YVONNE BROWN  
 222 PAUL SCANNELL DR  
 SAN MATEO, CA 94402

**Cancellation**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE



CSAC EXCESS INSURANCE AUTHORITY

**ENDORSEMENT NO. 18**

**CSAC EXCESS INSURANCE AUTHORITY (CSAC EIA)  
GENERAL LIABILITY I**

**ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT**

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named below, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is primary. Coverage provided under this endorsement is limited to the minimum limits required by contract.

**Additional Covered Party:**

County of San Mateo, its officers, agents, employees and servants

**As Respects:**

Youth development programming (after school programs, social/emotional class for 7th graders, advisory board, summer programming)

It is further agreed that nothing herein shall act to increase the Authority's Limit of Liability.

This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.

**Effective Date:**

**Memorandum No.:** EIA-PE 10 EL-64

**Issued to:** San Mateo County Schools Insurance Group

**Issue Date:** June 28, 2010

  
**Authorized Representative**  
**CSAC Excess Insurance Authority (CSAC EIA)**



CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL1-2596	CO	<b>CERTIFICATE OF COVERAGE</b>	06/28/2010
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<p><b>CSAC Excess Insurance Authority</b>  <b>C/O ALLIANT INSURANCE SERVICES, INC.</b>  <b>PO BOX 6450</b>  <b>NEWPORT BEACH, CA 92658-6450</b></p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901          LICENSE #0C36861</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p> <p>COVERAGE AFFORDED <b>A - CSAC Excess Insurance Authority</b></p>
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<p><b>Member:</b>          SAN MATEO COUNTY SCHOOLS INS GROUP          ATTN: TRAVIS STEAGALL          1791 BROADWAY          REDWOOD CITY, CA 94063</p>	<p>COVERAGE AFFORDED <b>B</b></p> <p>COVERAGE AFFORDED <b>C</b></p> <p>COVERAGE AFFORDED <b>D</b></p>
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**Coverages**  
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input type="checkbox"/> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA-PE 10 EL-64	07/01/2010	07/01/2011	Difference between \$1,000,000 and the Member's Self-Insured Retention of \$250,000 Completed Operations Aggregate Applies

Description of Operations/Locations/Vehicles/Special Items:  
 AS RESPECTS EVIDENCE OF COVERAGE ONLY.

CABRILLO UNIFIED SCHOOL DISTRICT IS A MEMBER OF SAN MATEO COUNTY SCHOOLS INSURANCE GROUP

<p><b>Certificate Holder</b></p> <p>SAN MATEO COUNTY PROBATION DEPARTMENT          222 PAUL SCANNELL DRIVE          SAN MATEO, CA 94402</p>	<p><b>Cancellation</b>          SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Michael [Signature]</i></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>
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