

CONTRACT ROUTING SHEET

Date Prepared: October 18, 2013

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Boyd *AB*
Phone #: x5804
Department
Head Signature: *AB* FOR SUE HEWNIKE

CONTRACTOR:

Name: York Risk Services Group, Inc.
Address: P.O. Box 619079
Roseville, CA 95661
Phone: (800) 922-5020

CONTRACTING DEPARTMENT: Risk Management

Service Requested: Workers' Comp Claim Administration
Contract Term: Three (3) years Contract Value: \$836,724.96
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: MIKE STRELLA 10/18/13

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 10/22/13 By: J. Sanjeon
Approved: Disapproved: Date: By:

See changes as marked.

CHANGES INCORPORATED 10/24/13 AB

EL DORADO COUNTY COUNSEL
2013 OCT 21 AM 7:32

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 10/25/13 By: Adams
Approved: Disapproved: Date: By:

NEW COI REQ BY SHERRI ADAMS

*Conditionally approved w/ receipt of insurance.
Requested 10/14/2013. from York*

RECEIVED
HUMAN RESOURCES DEPT.
13 OCT 24 PM 4:35

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract):

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____