

|  |                      |                                    |                      |
|--|----------------------|------------------------------------|----------------------|
| Counsel please include this information in your billing description. | > -13-53671          | Legistar #: 13-0638                | P&C #: 539-01311     |
|  | > Index Code: 307120 | Project #: 93000 A                 | Charge To #: 93000 A |
|  | > Project            | Aviation Fuel and Related Services |                      |
|  | > Description:       | RESUBMITTAL                        |                      |

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Department of Transportation

Dept Contact: Sherrie Busby

Phone: x5984

Authorized Signature: *Sherrie Busby*  
 Sherrie Busby  
 Administrative Services Officer

**CONTRACTOR:**

Name: EPIC Aviation, LLC

Address: P. O. Box 12249

Salem, OR 97309

Phone: (866) 501-3742

**CONTRACTING DEPT: Transportation**

Service Requested: Review & Approve

Contract Term: 5 Years

Contract/Amendment Amount: **\$2,260,000.00**

Compliance with Human Resources Requirements: Yes: X No: \_\_\_\_\_

Compliance verified by: Contract Notification Sent: 4/24/2013 HR Response Received: 4/25/2013

Ok Per: **Bobbi Bennett**

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5/31/2013 By: K. Markham  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Do we need increased liability coverage for this type of contract?*

EL DORADO COUNTY COUNSEL  
2013 MAY 28 AM 8:10

**Please forward to Risk Management upon approval.**

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: ✓ Date: 6/13/13 By: Bejpa  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

- Contract should include 'Completed operations' for exposure
- Recommend adding at H.d. on page 7. (For future agreements, per bail 2/19/13)
- Need Completed operations endorsement attached to certificate
- Need proof (policy language) of Primary coverage / Noncontributory
- Now June 3rd need updated Certs
- Certificate needs to show if GL. Please call if any questions

HUMAN RESOURCES DEPT.  
13 MAY 31 PM 3:09

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Coverage is Occurrence or Claims Made*