

CONTRACT ROUTING SHEET

Date Prepared: August 7, 2014

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Boyd
Phone #: x5804
Department
Head Signature: ABOYD FOR Sue Hermite

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: Requested 8/7/14 APPROVED 8/13/14 - JUDIE ENGEL

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

Approved: Disapproved: _____ Date: 8/11/2014 By: J. Santora
Approved: _____ Disapproved: _____ Date: _____ By: _____

Registrar report must expressly state that the amounts specified in the Trust fund section in Article I are the amounts established by the Board as the not to exceed sum sufficient to provide for settlement of claims for a 30-day period per Gov Code 31000.8.

EL DORADO COUNTY COUNSEL
2014 AUG - 7 PM 4:19

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/14/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

with receipt of ins docs.

RECEIVED 8/14/14. UAB

RECEIVED
HUMAN RESOURCES DEPT.
AUG 12 PM 3:28

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

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