

# CONTRACT ROUTING SHEET

Date Prepared: 08/18/11

Need Date: 08/22/11

**PROCESSING DEPARTMENT:**

Department: Human Resources/Risk Mgmt

Dept. Contact: Donna Mullens

Phone #: X6060

Department

Head Signature: *Kimberly A Keen*

**CONTRACTOR:**

Name: York Risk Services Group, Inc.

Address: One Sierra Gate Plaza, Ste 250B

Roseville, CA 95678

Phone: 909 608-7171

**CONTRACTING DEPARTMENT:** Human Resources/Risk Management

Service Requested: Investigation, administrative and claims adjustment for worker' comp claims

Contract Term: 11/01/05 – 10/31/11 Contract Value: \$1,522,200.00

Compliance with Human Resources requirements? Yes: x No:         

Compliance verified by: Allyn Bulzomi

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

Approved: *[initials]* Disapproved:          Date: 8/22/11 By: *[signature]*

Approved: *[initials]* Disapproved:          Date: 8/23/11 By: *[signature]*

*Should be a provision whereby the parent entity York Risk Services Group, Inc. agrees to be bound by the terms and conditions of Agreement 289 S0611.*

*Need new Insurance Certificate.*

*8/23/11 - Seal of State filing shows name change only so no further language unnecessary as suggested above*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: *[initials]* Disapproved:          Date: 8/18/11 By: *Keen*

Approved:          Disapproved:          Date:          By:         

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

Departments:         

Approved:          Disapproved:          Date:          By:         

Approved:          Disapproved:          Date:          By: