

CONTRACT ROUTING SHEET

Date Prepared: 10/11/10

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Auditor-Controller

Dept. Contact: Joe Harn

Phone #: 5456

Department

Head Signature: 

CONTRACTOR:

Name: Calfee&Konwinski,
a Professional Corp

Address: 611 North Street
Woodland, CA 95695

Phone: (530) 666-2185

CONTRACTING DEPARTMENT: Auditor-Controller

Service Requested: Legal Services related to prep of legal proceedings for the collections of delinquent special taxes for special assessment districts

Contract Term: 3 years Contract Value: \$180,000

Compliance with Human Resources requirements? Yes: No:

Compliance verified by:

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

Approved: ✓ Disapproved: Date: 10-11-10 By: 

Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 10/12/10 By: 

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:

BUSINESSOWNERS DECLARATION
California Capital Insurance Company

JUL - 9 2010

C+K - office policy

INSURED COPY

Name and Address of Insured

Calfee & Konwinski, A Professional Corporation
611 North St
Woodland, CA 95695

Servicing Agency

Aimee Vukovich Insurance - 23950
P.O. Box 632
Placerville, CA 95667-0632
530-622-6910

Policy #: 2-BOP-1-1532868

Declaration Type: Policy Renewal

Effective Date: 08/12/2010

Policy Period: From 08/12/2010 To 08/12/2011 12:01 a.m. standard time.

This is Declaration #: 4 and when attached to the applicable forms, it completes the policy.

Transaction Reason: Policy Renewal
Business Type: Lawyers Office
Form of Business: Corporation
Package Type: Office
Property Coverage: Special Form Businessowners

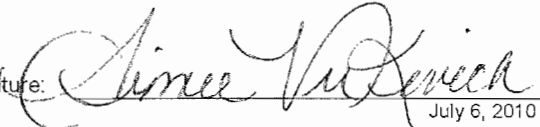
In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Renewal Summary	
Total Premium For All Locations	\$792.00
Terrorism Risk Insurance Act of 2002	No Charge
Total	\$792.00

This is not a Bill. Any premium due will be applied to the Account Bill.

Policy Forms:

00-014 05/05	08-041 01/06	08-132 03/08	BP0002 01/97	IL0270 03/00
BP0006 12/92	03-050 02/08	BP0009 06/89	03-409 11/08	03-411 11/07
03-415 10/03	BP0455 01/97	BP0417 01/96	03-312 09/99	03-416 03/07
03-424 03/08	03-328 11/99	03-396 06/03	03-313 09/99	03-380 04/02
03-402 10/03	03-346 04/02	03-385 04/02	03-386 04/02	BP0523 01/08
BP0542 01/08				

Authorized Signature: 

July 6, 2010

TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 986-9974

THE FOLLOWING COVERAGES APPLY TO ALL LOCATIONS COLLECTIVELY.

Property Deductible: \$500

<u>Policy Coverage</u>	<u>Limit</u>
Building – Property Off Premises	\$15,000
Business Income	Actual Loss Sustained
Business Income or Extra Expense, Interruption of Service	\$25,000
Business Income or Rents for Newly Acquired Structures	\$100,000
Equipment Breakdown	Included
Income Support Properties	\$25,000
Newly Acquired or Constructed Property	\$500,000
Newly Acquired Business Personal Property	\$50,000 or 25% of BPP
Outdoor Property	\$25,000
Power Failure – Off-Premises	\$10,000
Arson Reward	\$5,000
Forgery And Alteration	\$5,000
Off Premises Including Transit	\$5,000
Money and Securities \$15,000 Inside/ \$5,000 Outside	Included
Property of Others (Bailees)	\$15,000
Tenant's Building Glass	\$25,000
Reverse Flow of Sewer or Drain Water	\$100,000
Employee Dishonesty	\$5,000

Liability and Medical Payments:

Except for Tenants Liability, each paid claim for these coverages reduces the amount of insurance provided during applicable annual period. Please refer to paragraph D.4 of the Businessowners Liability coverage form.

<u>Policy Coverage</u>	<u>Limit</u>
Liability per Occurrence	\$1,000,000
Products Aggregate	\$1,000,000
General Aggregate	\$2,000,000
Medical Expenses per Person	\$5,000
Tenants Liability	\$100,000
Printers' Error and Omissions per Occurrence	\$0
Printers' Error and Omissions Aggregate	\$0

Coverage Level Premium(s): \$0.00

Applicable Credits/Discounts

Renewal Credit
 Loss Free Discount

On the following pages, specific coverages for each separate location are described.

Location # 1: 611 North St, Woodland, CA 95695

Location # 1 Total Premium: \$792.00

Doing Business As:

THESE COVERAGES APPLY TO THIS LOCATION ONLY.

	<u>Limit</u>
Exterior Signs	\$25,000
Additional Debris Removal	\$25,000
Personal Effects	\$2,500
Computer Equipment/Software	\$15,000
Valuable Papers	\$15,000
Accounts Receivable	\$15,000

Building # 1

B – Business Personal Property	Replacement Cost	\$168,000
Building Ordinance		\$100,000
Building Glass		Included

Location 1 Forms:

03-169 11/96 BP0402 01/87

Location 1 Additional Interests:

Additional Insured - Designated Person/Organization: County of El Dorado, 360 Fair Lane, Placerville, CA 95667

Additional Insured - Manager or Lessor of Premises: Kent Calfee, David W. Calfee and Christopher Konwinski, Dba: North Street Properties, 611 North St, Woodland, CA 95695-3237