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AGREEMENT FOR SERVICES #289-S0611  
AMENDMENT II

This Second Amendment to that Agreement for Services #289-S0611, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County"), and Gregory B. Bragg & Associates, Inc., a California Corporation, now renamed York Insurance Services, Group Inc.-California, a California Corporation, duly qualified to conduct business in the State of California, whose principle place of business is One Sierra Gate Plaza, Suite 250B, Roseville, CA 95678; (hereinafter referred to as "Administrator");

**RECITALS**

**WHEREAS**, Gregory B. Bragg & Associates, Inc. has been engaged by County to provide investigative, administrative, and claims adjustment services relating to worker' compensation claims against the County, in accordance with Agreement for Services #289-S0611, dated September 1, 2005, incorporated herein and made by reference a part hereof; and

**WHEREAS**, Gregory B. Bragg & Associates, Inc. changed its name effective July 1, 2008 to York Insurance Services, Group Inc.-California; and

**WHEREAS**, the parties hereto hereby agree to amend the Agreement to reflect this name change, and to amend **ARTICLE X – Notice to Parties** to conform the Agreement; and

**NOW, THEREFORE**, the parties agree that Agreement for Services #289-S0611 shall be amended a second time to read as follows:

**ARTICLE X**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to County shall be addressed as follows:

COUNTY OF EL DORADO  
RISK MANAGEMENT  
330 FAIR LANE  
PLACERVILLE, CA 95667  
ATTN: LISA HOAAS, SR. RISK MANAGEMENT ANALYST

Or to such other location as the County directs.

With a carbon copy to:

COUNTY OF EL DORADO  
CHIEF ADMINISTRATIVE OFFICE  
330 FAIR LANE  
PLACERVILLE, CA 95667  
ATTN: GAYLE ERBE-HAMLIN, PURCHASING AGENT

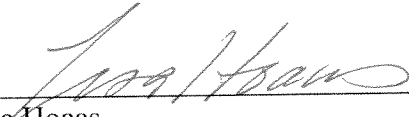
Notices to Contractor shall be addressed as follows:

YORK INSURANCE SERVICES, GROUP, INC.-CALIFORNIA  
ONE SIERRA GATE PLAZA, SUITE 250B  
ROSEVILLE, CA 95678  
ATTN: RANDALL C. SMITH, PRESIDENT

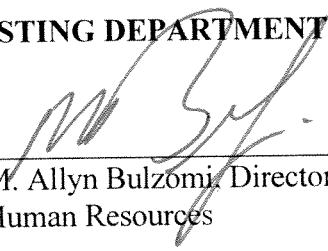
Or to such other location as the Contractor directs.

Except as herein amended, all other parts and sections of this Agreement for Services #289-S0611 shall remain unchanged and in full force and effect.

**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By:  Dated: 2/11/10  
Lisa Hoas  
Sr. Risk Management Analyst  
Human Resources/Risk Management

**REQUESTING DEPARTMENT CONCURRENCE:**

By:  Dated: 2/11/10  
M. Allyn Bulzomi, Director  
Human Resources

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**IN WITNESS WHEREOF**, the parties hereto have executed this Second Amendment to Agreement #289-S0611 on the dates indicated below.

**-- COUNTY OF EL DORADO --**

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Chairman  
Board of Supervisors  
"County"

ATTEST:  
Suzanne Allen de Sanchez, Clerk  
of the Board of Supervisors

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Deputy Clerk

-- ADMINISTRATOR --

YORK INSURANCE SERVICES GROUP, INC.-CALIFORNIA  
A CALIFORNIA CORPORATION

By: Randall C Smith  
Randall C. Smith  
President  
"Administrator"

Dated: 2-16-2010

By: Peter S L  
Corporate Secretary

Dated: 2-26-2010

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289-S0611 AMD II

AGREEMENT FOR SERVICES #289-S0611  
~~AMENDMENT I~~

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This Amendment I to that Agreement for Services #289-S0611, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Gregory B. Bragg & Associates, Inc., a Corporation duly qualified to conduct business in the State of California, whose principal place of business is One Sierra Gate Plaza, Suite 250 B, Roseville, CA 95678; (hereinafter referred to as "Administrator");

**WITNESSETH**

**WHEREAS**, Administrator has been engaged by County to provide investigative, administrative, and claims adjustment services relating to worker' compensation claims against the County, in accordance with Agreement for Services #289-S0611, dated September 1, 2005, incorporated herein and made by reference a part hereof; and

**WHEREAS**, the parties hereto have mutually agreed to amend the term of said Agreement, hereby amending **Article II – Term**; and

**WHEREAS**, the parties hereto have mutually agreed to amend compensation for services, hereby amending **Article III – Payment and Invoices**; and

**WHEREAS**, the parties hereto have mutually agreed to amend the County contract administrator, hereby amending **Article X – Notice to Parties**; and **Article XVI – Administrator**; and

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #289-S0611 shall be amended a first time to add provisions as follows:

**ARTICLE II**

**Term:** The term of this Agreement, as amended, shall be for the period of November 1, 2005 through October 31, 2011.

**ARTICLE III**

**Payment and Invoices:** For services provided herein, County agrees to pay administrator, in advance, according to the following schedule:

November 1, 2008 through October 31 2009	\$ 20,500 per month
November 1, 2009 through October 31 2010	\$ 21,100 per month
November 1, 2010 through October 31 2011	\$ 21,750 per month

In addition, Administrator will provide optional risk control and special services listed in Appendix D at the rates listed. The total amount of optional services requested shall not exceed \$30,000. Mileage shall be reimbursed at the County's then current rate. Medical bill review service shall be provided in accordance with Appendix C to original Agreement at the rate set forth therein. The total amount of this agreement, as amended, shall not exceed \$1,522,200.00 for the six (6) year period.

**ARTICLE X**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

COUNTY OF EL DORADO  
RISK MANAGEMENT  
330 FAIR LANE  
PLACERVILLE, CA 95667  
ATTN: LISA HOAAS, SR. RISK MANAGEMENT ANALYST

Or to such other location as the County directs.

Notices to Administrator shall be addressed as follows:

GREGORY B. BRAGG & ASSOCIATES, INC.  
ONE SIERRA GATE PLAZA, SUITE 250B  
ROSEVILLE, CA 95678  
ATTN: RANDALL C. SMITH, PRESIDENT


Or to such other location as the Administrator directs.

**ARTICLE XVI**


**Administrator:** The County Officer or employee with responsibility for administering this agreement is Lisa Hoaas, Sr. Risk Management Analyst, Human Resources Department, Risk Management Division, or successor.

Except as herein amended, all other parts and sections of that Agreement #289-S0611 shall remain unchanged and in full force and effect.

**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By:  Dated: 10/3/08  
Lisa Hoaas  
Sr. Risk Management Analyst  
Human Resources/Risk Management

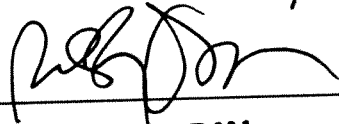
**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By:  Dated: 10/3/08  
Ted Cwiek  
Director  
Human Resources

IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #289-S0611 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

--COUNTY OF EL DORADO--

Dated: 10/28/08

By:   
**RUSTY DUPRAY** Chairman  
Board of Supervisors  
"County"

ATTEST:  
Suzanne Allen de Sanchez, Clerk  
of the Board of Supervisors

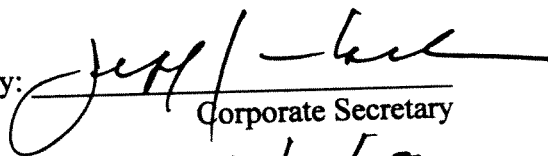
By:  Date: 10/28/08  
Deputy Clerk

--ADMINISTRATOR--

Dated: 10/14/08

GREGGORY B. BRAGG & ASSOCIATES, INC.,  
A CALIFORNIA CORPORATION

By:   
Randall C. Smith, President  
"Administrator"

By:   
Corporate Secretary  
Dated: 10/14/08



AGREEMENT FOR SERVICES #289-S0611  
WORKERS' COMPENSATION CLAIMS ADMINISTRATION

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**THIS AGREEMENT** made and entered by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Gregory B. Bragg and Associates, Inc., a Corporation duly qualified to conduct business in the State of California, whose principal place of business is One Sierra Gate Plaza, Suite 250 B, Roseville, CA 95678 (hereinafter referred to as "Administrator");

**W I T N E S S E T H**

**WHEREAS**, County has determined that it is necessary to obtain an Administrator to provide investigative, administrative and claims adjustment services relating to workers' compensation claims against the County; and

**WHEREAS**, Contractor has represented to County that it is specially trained, experienced, expert and competent to perform the special services required hereunder and County has determined to rely upon such representations; and

**WHEREAS**, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws; and

**WHEREAS**, County has determined that the provisions of such services provided by Contractor are in the public's best interest, are more economically and feasibly performed by outside independent Contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

**NOW, THEREFORE**, County and Administrator mutually agree as follows:

## ARTICLE I

**Scope of Services:** Administrator agrees to provide investigative, administrative and claims adjustment services in order to expeditiously and economically discharge its obligations as an employer under the Workers' Compensation laws of the State of California. Contractor agrees to perform the third party administration services required to discharge that obligation and perform all of the services that are authorized by Government Code 31000.8 as specified in Appendix A – "Scope of Services and Performance Standards", incorporated herein and made by reference hereof.

## ARTICLE II

**Term:** This Agreement shall become effective when fully executed by both parties hereto. Administrator services to be provided during the period of November 1, 2005 through and including October 31, 2008.

## ARTICLE III

**Payment and Invoices:** For services provided herein, the County agrees to pay Administrator, in advance, according to the following schedule:

November 1, 2005 through October 31, 2006	\$19,110 per month
November 1, 2006 through October 31, 2007	\$19,500 per month
November 1, 2007 through October 31, 2008	\$19,890 per month

In addition, the County may request optional risk control services as outlined in Appendix B – "Optional Risk Control". The total amount of optional services requested shall not exceed \$30,000.

In addition, Administrator will provide Medical Bill Review services as it deems appropriate, and charge County for these services to the Trust Account, authorized within Appendix A – "Scope of Services and Performance Standards", provided that a copy of the itemized invoice of medical review charges is forwarded monthly to County, and provided that the rates charged to the County do not exceed amounts specified in Appendix C – "Medical Bill Review Services".

The total amount of this Agreement shall not exceed \$732,000.00 for the three (3) year period.

## ARTICLE IV

**Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

## **ARTICLE V**

**Administrator to County:** It is understood that the services provided under this Agreement shall be prepared in and with cooperation from County and its staff. It is further agreed that in all matters pertaining to this Agreement, Administrator shall act as Administrator only to County and shall not act as Administrator to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with Administrator's responsibilities to County during term hereof.

## **ARTICLE VI**

**Assignment and Delegation:** Administrator is engaged by County for its unique qualifications and skills as well as those of its personnel. Contractor shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of County.

## **ARTICLE VII**

**Independent Administrator/Liability:** Administrator is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Administrator exclusively assumes responsibility for acts of its employees, associates and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Administrator shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. County shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to Administrator or its employees.

## **ARTICLE VIII**

**Fiscal Considerations:** The parties to this Agreement recognize and acknowledge that County is a political subdivision of the State of California. As such, El Dorado County is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of County business, County will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, County shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget, which does not provide funding for this Agreement. Upon the effective date of such notice, this

Agreement shall be automatically terminated and County released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any County department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion of the County, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

## **ARTICLE IX**

### **Default, Termination and Cancellation:**

- A. **Default:** Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired.

- B. **Bankruptcy:** This Agreement, at the option of the County, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of Administrator.
- C. **Ceasing Performance:** County may terminate this Agreement in the event Administrator ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.
- D. **Termination or Cancellation without Cause:** County may terminate this Agreement in whole or in part seven (7) calendar days upon written notice by County for any reason. If such prior termination is effected, County will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to Contractor, and for such other services, which County may agree to in writing as necessary for contract resolution. In no event, however, shall County be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, Administrator shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise. In the event of termination for default, County reserves the right to take over and complete the work by contract or by any other means.

**ARTICLE X**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

COUNTY OF EL DORADO  
RISK MANAGEMENT  
330 FAIR LANE  
PLACERVILLE, CA 95667  
ATTN: SHERRIL JODAR, RISK MANAGER

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

GREGORY B. BRAGG & ASSOCIATES, INC.  
ONE SIERRA GATE PLAZA, SUITE 250B  
ROSEVILLE, CA 95678  
ATTN: RANDALL C. SMITH, PRESIDENT

or to such other location as the Contractor directs.

**ARTICLE XI**

**Indemnity:** The Administrator shall defend, indemnify and hold the County harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees and the public, or damage to property or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Administrator, subcontractor(s) and employee(s) or any of these, except for the sole or active negligence of the County, its officers and employees, or as expressly proscribed by statute. This duty of Administrator to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

**ARTICLE XII**

**Insurance:** Administrator shall provide proof of a policy of insurance satisfactory to the El Dorado County Risk Manager and documentation evidencing that Administrator maintains insurance that meets the following requirements:

- A. Full Workers' Compensation and Employer's Liability Insurance covering all employees of Contractor as required by law in the State of California.
- B. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.

- C. Automobile Liability Insurance of not less than \$500,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- D. In the event Administrator is a licensed professional, and is performing professional services under this Agreement, professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$1,000,000.00 per occurrence. For the purposes of this Agreement, professional liability is required.
- E. Administrator shall furnish a certificate of insurance satisfactory to the El Dorado County Risk Manager as evidence that the insurance required above is being maintained.
- F. The insurance will be issued by an insurance company acceptable to Risk Management, or be provided through partial or total self-insurance likewise acceptable to Risk Management.
- G. Administrator agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Administrator agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of Risk Management and Administrator agrees that no work or services shall be performed prior to the giving of such approval. In the event the Administrator fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
- H. The certificate of insurance must include the following provisions stating that:
  - 1. The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to County, and;
  - 2. The County of El Dorado, its officers, officials, employees and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
- I. The Administrator's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be in excess of the Administrator's insurance and shall not contribute with it.

- J. Any deductibles or self-insured retentions must be declared to and approved by the County, either; the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Administrator shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- K. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the County, its officers, officials, employees or volunteers.
- L. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- M. Administrator's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- N. In the event Administrator cannot provide an occurrence policy, Administrator shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with Risk Management, as essential for protection of the County.

### **ARTICLE XIII**

**Interest of Public Official:** No official or employee of County who exercises any functions or responsibilities in review or approval of services to be provided by Administrator under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership or association in which he/she is directly or indirectly interested; nor shall any such official or employee of County have any interest, direct or indirect, in this Agreement or the proceeds thereof.

### **ARTICLE XIV**

**Interest of Administrator:** Administrator covenants that Administrator presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Administrator further covenants that in the performance of this Agreement no person having any such interest shall be employed by Administrator.

## **ARTICLE XV**

**California Residency (Form 590):** All independent Contractors providing services to the County must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certify that they have a permanent place of business in California. The Administrator will be required to submit a Form 590 prior to execution of an Agreement or County shall withhold seven (7%) percent of each payment made to the Contractor during term of the Agreement. This requirement applies to any agreement/contract exceeding \$1,500.00.

## **ARTICLE XVI**

**Administrator:** The County Officer or employee with responsibility for administering this Agreement is Sherril Jodar, Risk Manager, Chief Administrative Office, Risk Management, or successor.

## **ARTICLE XVII**

**Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

## **ARTICLE XVIII**

**Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

## **ARTICLE XIX**

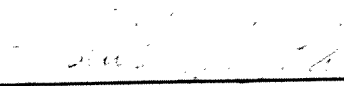

**Venue:** Any dispute resolution action rising out of this Agreement, including, but not limited to, litigation, mediation or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Administrator waives any removal rights it might have under Code of Civil Procedure Section 394.

## **ARTICLE XX**

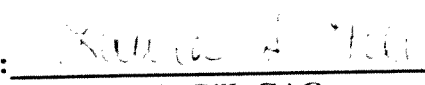

**Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.



**CONTRACT ADMINISTRATOR CONCURRENCE:**

By:  Dated:   
**Sherril Jodar, Risk Manager**  
**Chief Administrative Office**

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By:  Dated:   
**Laura S. Gill, CAO**  
**Chief Administrative Office**

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

-- COUNTY OF EL DORADO --

Date: \_\_\_\_\_

By: Charlie Paine  
Chairman  
Board of Supervisors  
"County"

ATTEST:  
Cindy Keck  
Clerk of the Board of Supervisors

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk

-- ADMINISTRATOR --

Date: 9/20/08

GREGGORY B. BRAGG ASSOCIATES, INC.,  
A CALIFORNIA CORPORATION

By: Randall C. Smith  
Randall C. Smith, President  
"Administrator"

By: [Signature]  
Corporate Secretary

Dated: 9-20-08

SEP 17 2008

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

-- COUNTY OF EL DORADO --

Date: 9/27/05

By: Charlie Paine  
**CHARLIE PAINE** Chairman  
Board of Supervisors  
"County"

ATTEST:  
Cindy Keck  
Clerk of the Board of Supervisors

By: [Signature] Date: 9/27/05  
Deputy Clerk

-- ADMINISTRATOR --

Date: 9/20/05

GREGGORY B. BRAGG ASSOCIATES, INC.,  
A CALIFORNIA CORPORATION

By: Randall C. Smith  
Randall C. Smith, President  
"Administrator"

By: [Signature]  
Corporate Secretary

Dated: 9-20-05

SEP 15 2005  
BRAGG ASSOCIATES

APPENDIX A  
SCOPE OF SERVICES AND  
PERFORMANCE STANDARDS

Administrator shall diligently and expeditiously perform all necessary services to fulfill the County's obligations under the workers' compensation laws, policies, regulations, and procedures of the State of California, including but not limited to the services listed below.

**COMMUNICATIONS**

- 1) Personal contact on non-litigated indemnity cases will be maintained with the injured employee on a periodic, ongoing basis to facilitate progress and timely return to work. Initial contact must be made within two (2) working days of receipt of Employer's First Report and follow-up contact every thirty (30) days thereafter until return to work or the file must clearly reflect the reason contact should not continue at that frequency.
- 2) Confer on a regular basis with all persons associated with County's organization (such as Risk Management, County Counsel, accountants, consultants) involved in the processing of industrial claims.
- 3) Promptly return calls to injured employees and County personnel.

**PROGRAM MANAGEMENT**

- 4) Meet with County personnel on an ongoing basis to develop procedures, forms, instructions, schedules, and protocols to maintain required Administrator services. County will be informed of changes in the workers' compensation laws and procedures pertinent to County's self-insured program.
- 5) Assist County personnel in the development of directives, notices and other program communications to employees with an emphasis on procedures utilized for coordination of return to work efforts, Qualified Injured Worker determinations, and evaluation of modified/alternate employment.
- 6) Provide claim forms, employer's report forms and required notices for distribution by County to its employees.
- 7) Establish and maintain standardized procedures acceptable to the County for the prompt reporting, recording, investigation and treatment of all industrial injuries and diseases. Provide instructional meetings as requested by County to review and explain instructions and procedures.
- 8) Division of Workers' Compensation (DWC) benefit notices shall be issued timely in compliance with DWC requirements. Where confusion may exist, Administrator will telephone or forward a personal letter to injured employee explaining DWC benefit notices or forms.

- 9) Within ten (10) days of receipt, County to be carbon copied on the following:
  - a) All correspondence from Administrator to employee.
  - b) All legal correspondence from applicant or defense attorney.
  - c) Reports from rehabilitation counselor.
  - d) Formal investigation reports.
  - e) Med-Legal reports.
  - f) Any medical report containing work status information.
- 10) Administrator shall meet quarterly with County to review any claim which are reported to excess insurance during the quarter and additional claims upon notice from County.
- 11) At all reasonable times during the term of this contract, County, or any designated representative, shall have access to Administrator premises, and records related to work under this contract. Administrator shall make such records available for inspection, audit and copying by County or its designated representative at County's expense. In addition to any other records required by this agreement, Administrator shall maintain all books, papers, records, documents, and other materials related to work performed under this contract confidential in the same manner as County is required by law to do. Upon termination of contract all such records, books, papers, documents and other evidence obtained from County or related to work performed under this contract shall be forthwith returned to County.

### **PERSONNEL REQUIREMENT**

- 12) This section is delineated separately to emphasize the importance the County places on the qualifications and experience of the actual personnel who will be working with the County on a daily basis. The County requires participation in the selection of all personnel providing services. County's continuing approval will be required each time a change in personnel is anticipated.
- 13) The adjuster(s) dedicated to handling County claims will handle a caseload not to exceed 150 files.
- 14) The adjuster(s) dedicated to handling County claims will have a minimum of five (5) years workers' compensation experience.

### **CLAIMS HANDLING**

- 15) All new claims will be created, reserved, and entered into the computer within five (5) working days following Administrator receipt of the Employer's First Report. The basis for the initial reserves, and subsequent reserve revisions, will be clearly explained in the file.
- 16) A diary system will be established in order that each active case is reviewed at least every thirty (30) days. By prior consent of County, inactive cases may be placed on a diary not to exceed ninety (90) days. The diary schedule will be contained in the file.

- 17) A specific plan of action outlining direction on the investigation and handling of all indemnity cases will be established within ten (10) working days of receipt of the Employer's First Report and clearly evidenced in the file. Each open indemnity claim file shall include a plan for implementation of appropriate case activity and resolution, and such plan shall be revised as appropriate while the claim remains open. The plan should be accessible on-line bearing the name of the person who established the plan and the date written.
- 18) All phone conversations, discussions, and meetings held on the case will be clearly documented in each file.
- 19) Within three (3) working days of notice of injury, Administrator will contact County in order to determine if compensability is to be acknowledged or questioned when not self-evident on initial report from County. On all questionable claims, Administrator will complete an initial evaluation of compensability (accept claim, deny claim, or delay acceptance pending results of additional investigation) and advise County and injured employee of the process to be undertaken in investigation of the claim.
- 20) Recommend determinations on eligibility for temporary disability compensation, permanent disability compensation, medical benefits, vocational rehabilitation benefits and all other workers' compensation benefits in accordance with the State Workers' Compensation laws and the internal benefit programs of County.
- 21) All correspondence will be clearly stamped with the date of receipt.
- 22) Authorize prompt payment of benefits in accordance with medical advice, defense counsel, advisory ratings, awards, or settlement agreements.
- 23) Negotiate settlements on behalf of County. Administrator has \$10,000 authority for purpose of compromising and/or resolving any claim against the County being handled by Administrator. Prior approval to settle any claim over \$10,000 must be obtained from County Risk Management. The Administrator will clearly document the criteria by which a settlement value is based. Settlement proposals directed to County shall be forwarded by Administrator or defense counsel in a concise and clear written form with a reasoned recommendation.
- 24) Administrator will make timely identification of all claims involving:
  - a) Subrogation/third party recovery potential
  - b) 2<sup>nd</sup> injury fund potential
  - c) apportionment or other offsets
  - d) reinsurance obligations

### **INVESTIGATION**

- 25) Perform investigation, as necessary and appropriate, pertaining to questionable cases and the status of injured employees in order to assist in the adjustment and litigation of cases. Report to County on all investigations, and advise County if additional investigation by outside investigators is warranted. Administrator may contract for

specialized and professional investigation services of County's choice when such service is needed. All investigations will be coordinated with appropriate County personnel on a case-by-case basis. The County shall be kept informed on the scope and results of investigations.

- 26) When circumstances warrant, and upon prior approval by County, a field activity check/surveillance will be conducted on the injured employee in order to determine if there is any work capability.
- 27) Subrogation issues will be promptly identified and investigated. In all cases where a third party (other than a County employee or agent) is responsible for the injury of the employee, the third party shall be contacted within 30 days with notification of County's right to subrogation and the recovery of certain claim expenses. In all cases, Administrator shall consult with County about the value of the subrogation claim and other considerations. With County consent, timely initiate litigation to effect collection of such claims on behalf of County, and assist counsel to pursue such claims. Upon County authorization, subrogation counsel shall be assigned to file a lien or Complaint in Intervention in the civil action.

### **LITIGATION MANAGEMENT**

- 28) Promptly respond to claims filed with the Workers' Compensation Appeals Board, and cooperate with attorneys for County in hearings before the Board. Administrator shall assist and coordinate with legal counsel in preparation of litigated cases and attend WCAB pre-trial conferences and trials whenever appropriate.
- 29) Administrator may employ legal counsel to advise concerning the legality and advisability of rejecting, settling, compromising and paying claims against County, or to represent County in litigation arising from said claims. Within three (3) working days of referral of the case to defense counsel, a letter will be directed to the attorney, with a copy to County, outlining the case status, issues, and requested work to be done by outside counsel. Use of outside counsel is subject to general supervision of County Counsel and Risk Management.
- 30) All bills for legal fees and legally related costs shall be gathered and reviewed by Administrator. Administrator shall pay all appropriate legal bills from the trust fund in accordance with the County standard practices. The retention of outside legal counsel by Administrator shall be subject to approval by County and shall be subject to such practices and policies as may be established by County.
- 31) For all claims handled by outside counsel involving liability issues (i.e. any claim or potential claim other than for workers' compensation benefits), Administrator will ensure that outside counsel will advise County of potential third party liability claims.

## MEDICAL CONTROL

- 32) The treating physician (facility) will be contacted prior to making the initial indemnity payment to establish the extent of injury, length of disability, and causal relationship of the injury to the job or alleged work-related incident.
- 33) Maintain close liaison with medical service providers to insure maximum efficiency in the management of claims and compliance with State law regarding provision of job descriptions to determine return to work possibilities.
- 34) Provide County with all medical reports containing work restrictions or information regarding the injured employee's anticipated return to work or potential vocational rehabilitation.
- 35) Where medical issues are questioned, a medical examination will be scheduled with a qualified physician, as allowed under applicable Labor Code. Administrator will send written correspondence summarizing the status of the specific case and outlining issues to be addressed by the evaluating physician. Administrator will provide to the physician any relevant medical and job information that will assist the physician in making an objective evaluation.
- 36) Utilize medical service providers as the County may direct from time to time, including any MPN designated by the County.
- 37) Review all medical bills for appropriate payment. Any medical bill received will be reviewed with regard to causal relationship to the accident/work-related injury. Medical bill review pricing will be completed by Administrator or agreed upon consultant. Medical billings and expense billings shall be reviewed and processed for payment as appropriate within sixty (60) days of receipt, or written denial or request for further explanation or documentation was sent within sixty (60) days of receipt.
- 38) Utilization review services will be completed through a consultant agreed upon by County.

## REHABILITATION

- 39) Identify and advise County within 5 days of medical information received involving potential permanent work restrictions.
- 40) Where needed, rehabilitation and/or retraining will be recommended and the progress will be closely monitored and controlled. The first evaluation as to the appropriateness of rehabilitation will take place according to workers' compensation state requirements.
- 41) Within 5 days of receipt of permanent work restrictions. Administrator will confer with County to discuss potential for modified/alternate employment, appropriate notices to be issued, and potential assignment of a rehabilitation counselor.



- 42) Assist in selection of competent rehabilitation counselor, and in the development of appropriate rehabilitation plan.
- 43) Keep County advised as to status of any ongoing rehabilitation cases, as well as direct, supervise and monitor the work and charges related to all rehabilitation cases.
- 44) Administrator to attend and participate in informal and formal rehabilitation conferences whenever possible.

### **REPORTING & RECORDKEEPING**

- 45) In accordance with law and the requirements of various State agencies, record and file the Employer's Report of Occupational Injury and other detailed statistical records of all claims and disbursements.
- 46) Assume all responsibility for notification to the excess carrier on behalf of the County in accordance with the specific requirements of the excess carrier. Ongoing reporting of all necessary information on the current status of claims as required by the excess carrier. Administrator shall pay any costs, damages, or penalties incurred for lack of proper reporting.
- 47) Monthly loss runs shall be provided to County Risk Management within 15 days after month end.
- 48) Report to Index Bureau on each claim. Submit updates as necessary.
- 49) Provision of trust account management, including a reconciliation of bills paid and monthly check registers which include all disbursements made by Administrator on behalf of County.
- 50) Prepare Self-Insurer's Annual Report (Form A4-40) for County signature and submission to the State.
- 51) Prepare Federal Information Return (Form 1099-MED) for applicable payments made on behalf of County.
- 52) Provision of information needed for completion of the OSHA 300 logs.
- 53) Maintain all records and historical data on losses arising from employee injuries in accordance with the requirements of the State of California, including a file for each disability claim, a record of each denial, delay, litigated claim and make these files and records available for review by County upon request. Maintain closed claim inventory.
- 54) All original reports, documents and claims data of every kind or description that are prepared in whole or part for Administrator in connection with this agreement shall be County's property. Administrator shall not make available to any individual or organization any report, document or data which was given to, prepared by, or assembled by Administrator pursuant to this agreement unless prior consent is given by

County. All such records shall be held in strictest confidence by Administrator. Claim information may be provided to defense counsel retained for the purpose of defending County against claim.

- 55) Provision of a comprehensive annual management report which:
- a) Analyzes past and future projected fiscal year costs.
  - b) Interprets data on losses and trends.
  - c) Recommends program improvements to favorably impact costs and procedures.

### **PENALTIES**

- 56) Under California law, numerous administrative fines and penalties are required for payment of benefits or services that are overdue. The County will be advised within five (5) days of all penalty increases to benefits or bills paid along with an explanation for the cause of the penalty. If the delay is a result of Administrator receiving Employee's Claim Form in excess of 10 days from County's receipt, the increased cost will be paid by County. All other fines, penalties, and fees which result from unnecessary delay by the Administrator shall be paid by Administrator. These amounts will be reported to County and deducted from the upcoming monthly administration fee.

### **TRUST FUND**

- 57) Establish and maintain a trust account for the payment of proper charges against the County arising from industrial injuries, including payments of temporary and permanent disability compensation, medical expenses, allocated expenses, bill review, and other benefits. The trust account shall be maintained and established in compliance with Government Code 31000.8. Funds in the trust account shall not exceed the Board of Supervisors approved maximum (as evidenced by a Board Minute Order) at any one time. This amount will be a sum sufficient to provide for the settlement of claims for a 30 day period. Administrator shall notify County in advance when the trust account needs to be replenished, and the amount necessary to be deposited. Administrator shall provide County with a monthly Check Register which includes all disbursements made by Administrator, and a monthly reconciliation of the trust account, and shall make other reports on the status of the trust account and disbursements therefrom as may be required by the County in addition to the foregoing check register. The trust account shall not be used for any payments to Administrator, with the exception of agreed-upon services specified in written authorization by County.

APPENDIX B  
OPTIONAL RISK CONTROL AND SPECIAL SERVICES

Optional risk control and special services include, but are not limited to the following:

At \$62.50 per hour:

Claims investigations (AOE/COE, fraud)

At \$93 per hour:

Ergonomics  
Crime Prevention  
Pre Employment Assistance  
Drug Screening Guidance  
Program Development  
Supervisor Training  
Fire Sprinkler Testing  
"Hot Line" Question-Answer

Loss Trend Analysis  
Driver Training & Selection  
Fire Safety Training  
Incentive Programs  
SB198/Safety Committee Guidance  
Hazard Identification  
Pre-Loss/Post-Loss Guidance

APPENDIX C  
MEDICAL BILL REVIEW SERVICE

- a. For bills reviewed for conformity with any applicable fee schedule and/or Usual and Customary review: \$8.50 per bill, no charge for duplicates.
- b. For hospital and physician PPO bills belonging to the provider's network: 22% of the Preferred Provider Network savings.

**APPENDIX D**  
**OPTIONAL RISK CONTROL AND SPECIAL SERVICES**

Optional risk control and special services include, but are not limited to the following:

At \$70.00 per hour:

Claims investigations (AOE/COE, fraud)

At \$125. per hour:

Ergonomics  
Crime Prevention  
Pre Employment Assistance  
Drug Screening Guidance  
Program Development  
Supervisor Training  
Fire Sprinkler Testing  
“Hot Line” Question-Answer

Loss Trend Analysis  
Driver Training & Selection  
Fire Safety Training  
Incentive Programs  
SB198/Safety Committee Guidance  
Hazard Identification  
Pre-Loss/Post-Loss Guidance

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**York Insurance Services Group, Inc. -- California**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**P.O. Box 79704**

City, state, and ZIP code  
**City of Industry, CA 91716-9704**

Requester's name and address (optional)

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
:
:
:
or
Employer identification number
68 : 0091732

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Signature Here      Signature of U.S. person ▶ *Jeff Kilore*      Date ▶ 7/04/09

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

5/1/2010

DATE (MM/DD/YYYY)  
7/1/2009

**PRODUCER** LOCKTON COMPANIES, LLC-1 KANSAS CITY  
444 W. 47TH STREET, SUITE 900  
KANSAS CITY MO 64112-1906  
(816) 960-9000

**INSURED** YORK INSURANCE SERVICES GROUP, INC. - CALIFORNIA  
1308899 P.O BOX 2216  
GRANITE BAY CA 95745

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Fire Insurance Co of Hartford	20478
INSURER B: Federal Insurance Company	20281
INSURER C: Valley Forge Insurance Company	20508
INSURER D: Continental Casualty Company	20443
INSURER E: National Union Fire Ins Co Pittsburgh PA	19445

**COVERAGES** YORIN01 XN

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	2099497037	5/1/2009	5/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$1000 DED. COMP. <input checked="" type="checkbox"/> \$1000 DED. COLL.	2092951944 (AOS) 2097362238 (MA)	5/1/2009 5/1/2009	5/1/2010 5/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
D	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> RETENTION \$ 10,000	2092951961	5/1/2009	5/1/2010	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>NO</b> If yes, describe under SPECIAL PROVISIONS below	2092951961 (AOS) 2097327361 (CA)	5/1/2009 5/1/2009	5/1/2010 5/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	<b>OTHER</b> PROFESSIONAL LIABILITY CRIME***	02-420-56-10 6800 5714	6/30/2009 6/30/2009	6/30/2010 6/30/2010	\$5M-EACH WRONGFUL ACT \$5M ANNUAL/AGG ***SEE DESCRIPTION***

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 \*\*\*1M EMP THEFT, FORGERY, COMP FRAUD, \$10M 3RD PARTY CRIME; \$50,000 CRIME DEDUCTIBLE EXCEPT \$100,000 DEDUCTIBLE FOR 3RD PARTY CRIME. EL DORADO COUNTY IS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT SUBJECT TO POLICY TERMS AND CONDITIONS AS RESPECTS GENERAL LIABILITY.

**CERTIFICATE HOLDER**

3762921  
 EL DORADO COUNTY  
 RISK PROGRAM MANAGER  
 ATTN: LISA HOAAS  
 330 FAIR LANE  
 PLACERVILLE CA 95667

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
