

Contract # 343-50610

CONTRACT ROUTING SHEET

Amendment

EL DORADO COUNTY COUNSEL
2008 SEP 17 PM 3:20
Hand Delivered

Date Prepared: Kelly Webb

Need Date: 9-19-08

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Kelly Webb
Phone #: 6565
Department Authorization: Kelly Webb

CONTRACTOR:

Name: e-Civis
Address: 3452 East Foothill Blvd., Floor 9
Pasadena, CA 91107
Phone: 626-628-3232

CONTRACTING DEPARTMENT: Chief Administrative Office

Service Requested: Contract Review
Contract Term: 11-1-2008 thru 10-31-2009 Contract/Amendment Value: \$11.652
Compliance with Human Resources requirements? Yes: Yes No:
Compliance verified by:

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

Approved: ✓ Disapproved: Date: 9/18/08 By: Mark Beck
Approved: Disapproved: Date: By:

Delete "supersede" language
OK - K Webb 9/18/08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 9/18/08 By: Costello
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
SEP 18 PM 1:32

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

Department: N/A
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2008

PRODUCER
Mel Cohen Insurance Services
P.O. Box 70100
Pasadena, CA 91117
626-577-1190

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.

INSURED
E-CIVIS, INC.
3452 E. FOOTHILL BLVD., 9TH FLOOR
PASADENA, CA 91107

INSURERS AFFORDING COVERAGE
INSURER A: **UNDERWRITERS AT LLOYDS**
INSURER B: **TRUCK INSURANCE EXCHANGE**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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 ADDL LTR. INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	11440/ATR049	9/14/2008	9/14/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one Person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	A0923-03-52	05/01/2008	05/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GRANT OFFICE LOCATED AT: 3452 E. FOOTHILL BLVD., 9TH FLOOR, PASADENA, CA 91107

CERTIFICATE HOLDER IS ALSO NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

EL DORADO COUNTY
ATTN: PURCHASING
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

Mel Cohen