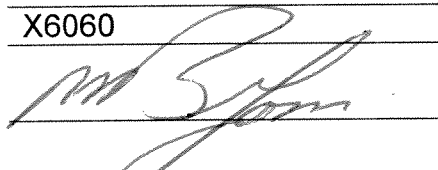


CONTRACT ROUTING SHEET

Date Prepared: 11/12/09

Need Date: 11/17/09

PROCESSING DEPARTMENT:

Department: Human Resources – RM
Dept. Contact: Donna Mullens
Phone #: X6060
Department
Head Signature: 

CONTRACTOR:


Name: Bickmore Risk Services
Address: 1750 Creekside Oaks Dr #200
Sacramento, CA 95833
Phone: (916)244-1167

CONTRACTING DEPARTMENT: Human Resources – Risk Management

Service Requested: Actuarial Studies of self-funded Worker's Comp and Liability Programs
Contract Term: 6 Months Contract Value: \$50,000.00
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Allyn Bulzomi

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

Approved: _____ Disapproved: _____ Date: _____ 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: 12/3/09 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: _____

