## M Natividad MEDICAL CENTER

# COUNTY OF MONTEREY AGREEMENT FOR SERVICES (MORE THAN \$100,000)

This Agreement for Services (hereinafter "Agreement") is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter, "the County"), on behalf of Natividad Medical Center ("NMC"), a general acute care teaching hospital wholly owned and operated by the County, and **Tri-County Business Systems Inc.** (hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

- 1. GENERAL DESCRIPTION OF SERVICES TO BE PROVIDED. NMC hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibit A in conformity with the terms of the Agreement. The services are generally described as follows: Copy Machine Lease and Maintenance Services Per the NGPA Contract Pricing.
- 2. **PAYMENTS BY NMC.** NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$1,000,000.

## 3. TERM OF AGREEMENT.

- 3.1. The term of this Agreement is from July 1, 2013 through June 30, 2016 unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and NMC and with NMC signing last and CONTRACTOR may not commence work before NMC signs this Agreement.
- 3.2. NMC reserves the right to cancel this Agreement, or an extension of this Agreement, without cause, with a thirty (30) day written notice, or with cause immediately.
- 4. **ADDITIONAL PROVISIONS/EXHIBITS.** The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

## **Exhibit A: Scope of Services/Payment Provisions**

## 5. PERFORMANCE STANDARDS.

- 5.1. CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of NMC, or immediate family of an employee of NMC.
- 5.2. CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work

- performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.3. CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as other wise specified in this Agreement. CONTRACTOR shall not use NMC premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

## 6. PAYMENT CONDITIONS.

- 6.1. Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provide in this paragraph. NMC does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.2. Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety (90) days prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County (NMC) and the CONTRACTOR.
- 6.3. CONTRACTOR shall not receive reimbursement for travel expenses unless set forth in this Agreement, and then only in accordance with any applicable County policies.
- 6.4. Invoice amounts shall be billed directly to the ordering department.
- 6.5. CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. NMC shall certify the invoice, either in the requested amount or in such other amount as NMC approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

## 7. TERMINATION.

- 7.1. During the term of this Agreement, NMC may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.
- 7.2. NMC may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If NMC terminates this Agreement for good cause, NMC may be relieved of the payment of any consideration to Contractor, and NMC may proceed with the work in any manner, which NMC deems proper. The cost to NMC shall be deducted from any sum due the CONTRACTOR under this Agreement.

7.3 NMC's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for NMC's purchase of the indicated quantity of services, then NMC may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

## 8. INDEMNIFICATION.

8.1 CONTRACTOR shall indemnify, defend, and hold harmless the County of Monterey (hereinafter "County"), its officers, agents and employees from any and all claims, liability and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

## 9. INSURANCE.

## 9.1 Evidence of Coverage:

Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to NMC's Contracts/Purchasing Department, unless otherwise directed. The CONTRACTOR shall <u>not</u> receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

- 9.2 Qualifying Insurers: All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less that A-VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by NMC's Contracts/Purchasing Director.
- 9.3 <u>Insurance Coverage Requirements:</u> Without limiting Contractor's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

<u>Commercial general liability insurance</u>, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and

	of not less than \$1,000,000 per occurrence.
	Exemption/Modification (Justification attached; subject to approval).
	Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.
	Exemption/Modification (Justification attached; subject to approval).
	Workers' Compensation Insurance, If CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.
	Exemption/Modification (Justification attached; subject to approval).
	Professional liability insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.
	Exemption/Modification (Justification attached; subject to approval).
<b>7</b> 4	Other Degramments.

## Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to NMC and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that NMC shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. The required endorsement from for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement from for Automobile Additional Insured Endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by NMC, CONTRACTOR shall file certificates of insurance with NMC's Contracts/Purchasing Department, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five (5) calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by NMC, annual certificates to NMC's Contracts/Purchasing Department. If the certificate is not received by the expiration date, NMC shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles NMC, at its sole discretion, to terminate the Agreement immediately.

## 10. RECORDS AND CONFIDENTIALITY.

- 10.1 Confidentiality. CONTRACTOR and its officers, employees, agents and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from NMC or prepared in connection with the performance of this Agreement, unless NMC specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to NMC any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out Contractor's obligations under this Agreement.
- 10.2 NMC Records. When this Agreement expires or terminates, CONTRACTOR shall return to NMC any NMC records which CONTRACTOR used or received from NMC to perform services under this Agreement.
- 10.3 <u>Maintenance of Records</u>. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records

for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.

- 10.4 Access to and Audit of Records. NMC shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess or \$10,000, the parties to this Agreement may be subject, at the request of NMC or as part of any audit of NMC, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.5 <u>Royalties and Inventions</u>. NMC shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize other to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.
- 11. **NON-DISCRIMINATION**. During the performance of this Agreement, Contractor, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in Contractor's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, full comply with all federal, sate, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.
- 12. **COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANT**. If this Agreement has been or will be funded with monies received by NMC pursuant to a contract with the state or federal government in which NMC is the grantee, CONTRACTOR will comply with all the provisions of said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, NMC will deliver a copy of said contract to Contractor, at no cost to Contractor.
- 13. **INDEPENDENT CONTRACTOR.** In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent CONTRACTOR and not as an employee of NMC. No offer or obligation of permanent employment with NMC or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from NMC any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of Contractor's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold NMC and the County of

Monterey harmless from any and all liability, which NMC may incur because of Contractor's failure to pay such taxes.

14. **NOTICES.** Notices required under this Agreement shall be delivered personally or by first-class, postage per-paid mail to NMC and Contractor's contract administrators at the addresses listed below

## FOR NATIVIDAD MEDICAL CENTER:

Sid Cato

Management Analyst, Contracts / Purchasing

Natividad Medical Center1441

Constitution Blvd. Salinas, CA. 93906

Phone: 831.783.2621

FAX: 831.

Email: catosl@natividad.com

## FOR CONTRACTOR:

Name: Melissa Mears

Title: VP

Company: Tri-County Business Systems

Address 1: 855 S. Main St.

Address 2: Salinas, CA. 93901

Phone: 831.758.1474

FAX: 831.758.2595

Email: mel@tcbs-usa.com

## 15. MISCELLANEOUS PROVISIONS.

- 15.1 <u>Conflict of Interest</u>: CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.
- 15.2 <u>Amendment</u>: This Agreement may be amended or modified only by an instrument in writing signed by NMC and the Contractor.
- 15.3 <u>Waiver</u>: Any waiver of any terms and conditions of this Agreement must be in writing and signed by NMC and the Contractor. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.4 <u>Contractor</u>: The term "Contractor" as used in this Agreement includes Contractor's officers, agents, and employees acting on Contractor's behalf in the performance of this Agreement.
- 15.5 <u>Disputes</u>: CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.6 <u>Assignment and Subcontracting</u>: The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of

- NMC. None of the services covered by this Agreement shall be subcontracted without the prior written approval of NMC. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.7 <u>Successors and Assigns</u>: This Agreement and the rights, privileges, duties, and obligations of NMC and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.8 <u>Compliance with Applicable Law</u>: The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.9 <u>Headings</u>: The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 <u>Time is of the Essence</u>: Time is of the essence in each and all of the provisions of this Agreement
- 15.11 Governing Law: This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 <u>Non-exclusive Agreement</u>: This Agreement is non-exclusive and each of NMC and CONTRACTOR expressly reserves the right to contract with other entities for the same or similar services.
- 15.13 <u>Construction of Agreement</u>: NMC and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 <u>Counterparts</u>: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 15.15 <u>Integration</u>: This Agreement, including the exhibits, represents the entire Agreement between NMC and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations representations, or agreements, either written or oral, between NMC and CONTRACTOR as of the effective date of this Agreement, which is the date that NMC signs the Agreement.
- 15.16 <u>Interpretation of Conflicting Provisions</u>: In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

## **NATIVIDAD MEDICAL CENTER**

1

By:	
, <u></u>	Sid Cato, NMC Contracts Manager
Date:	
Ву:	Harry Weis, NMC, CEO
Date:	9/19/13
Appro By:	Anne Brereton, Monterey County, Deputy County Counsel
Date:	Sept 27, 2013
Appro By:	VED AS TO FISCAL PROVISIONS  Gary Giboney,  Monterey County Auditor/Controller's Office
Date:	4-27-13

## **CONTRACTOR**

Tri-County Business Systems, In Contractor's Business Name***
Melissa Mears Signature of Chair, President, or Vice-President
Melissa Mears, V.P.  Name and Title  Plate:
By: Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer
Joey Bartlett Corp. Sec.  Name and Title  10   11   13   13   13   13   15   15   15
***INSTRUCTIONS
If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).
If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this

Agreement on behalf of the partnership (two signatures required).

If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/21/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

Certificate Holder III fied of Suci	i endorsementaj.				
PRODUCER 0726293	1-831-637-9241	CONTACT NAME:	Caroline Barrientos		
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. dba Winn & Company Insurance Brokers		PHONE (A/C, No, Ext): 831-637-9241 (A/C, No): 8		FAX (A/C, No): 831	-630-0286
321 Fifth Street		E-MAIL ADDRESS:	caroline_barrientos@	ajg.com	
Hollister, CA 95023			INSURER(S) AFFORDING C	OVERAGE	NAIC#
Craig Miner		INSURER A	: AMCO INS CO		19100
INSURED Tri County Business Systems, Inc.		INSURER B	23787		
		INSURER C: SECURITY NATL INS CO			19879
855 S. Main Street		INSURER D	:	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Salinas, CA 93901		INSURER E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		INSURER F	:		
COVERAGES	CERTIFICATE NUMBER: 31667759		DEVIC	HOM MIMBED.	

00	CENTRICATE NOMINER.							
	THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
NSR TR	TYPE OF INSURANCE	ADDL S			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY	х		ACP7843746978	01/01/13	01/01/14	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
В	AUTOMOBILE LIABILITY	X		ACP7843746978	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$

IIMBRELLA LIAR EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION X WC STATU-TORY LIMITS SWC1013942 10/01/12 10/01/13 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ 1,000,000 E.L. EACH ACCIDENT (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

County of Monterey, Its Officers, Agents and Employees are named as an additional insured for General Liability coverage per form PB 04 48 04 11 with respect to liability arising out of your ongoing operations performed for such additional insured and Auto Liability coverage per form CA 20 48 02 99. Coverage is primary and non-contributory as required by written contract.

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Natividad Medical Center County of Monterey, Its Officers, Agents and Employees	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Sid Cato	
1441 Constitution Blvd.	AUTHORIZED REPRESENTATIVE
Salinas, CA 93906	Garald Wun
USA	Wheel Wass

© 1988-2010 ACORD CORPORATION. All rights reserved.

\$

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II. WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to:

- a. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

**SCHEDULE** 

Name Of Person Or Organization: COUNTY OF MONTEREY

> 1441 CONSTITUTION BLVD SALINAS CA 93906

# ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM

## SCHEDULE

Name of Person(s) or Organization(s):

THE COUNTY OF MONTEREY ITS OFFICERS AGENTS & EMPLOYEES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

#### A. SECTION II - LIABILITY COVERAGE

A.1. Who Is An Insured is amended to include as an additional insured for Liability Coverage, each person or organization shown in the Schedule, but only to the extent that person or organization qualifies as an "insured". Loss must arise out of ongoing operations performed for the Named Insured.

## B. SECTION IV - BUSINESS AUTO CONDITIONS

The following paragraph is added to B.5. of **Other Insurance**:

e. If required by a written contract or written agreement executed before the "accident" occurred, any insurance carried by the person or organization shown in the schedule shall be noncontributory with respect to the coverage provided to you.

All terms and conditions of this policy apply unless modified by this endorsement.

AC 20 41 01 10

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Page 1 of 1

12340

POLICY NUMBER: ACP 7823746978

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF OTHER INSURANCE CONDITION:

PRIMARY INSURANCE FOR NAMED INSURED

PRIMARY INSURANCE FOR NAMED INSURED IN THE PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS, UNDER CONDITION H. OTHER INSURANCE, THE FOLLOWING IS ADDED: WITH RESPECT ONLY TO THE PERSONS OR ORGANIZATIONS SHOWN IN THE SCHEDULE OF THIS ENDORSEMENT, WHO HAVE BEEN ADDED BY SEPARATE ENDORSEMENT AS ADDITIONAL INSUREDS, THE INSURANCE AFFORDED TO YOU BY THIS POLICY SHALL BE PRIMARY INSURANCE WITH RESPECT TO ANY CLAIM OR SUIT AGAINST YOU ARISING OUT OF YOUR ONGOING OPERATION PERFORMED FOR SUCH PERSONS OR ORGANIZATIONS. WITH RESPECT TO SUCH PERSONS' OR ORGANIZATIONS' LIABILITY ARISING SOLELY OUT OF YOUR ONGOING OPERATIONS PERFORMED FOR THEM, ANY OTHER INSURANCE MAINTAINED BY SUCH PERSONS OR ORGANIZATIONS WITH RESPECT TO SUCH LIABILITY SHALL BE NON-CONTRIBUTING WITH YOUR INSURANCE UNDER THIS POLICY.

SCHEDULE OF PERSONS OR ORGANIZATIONS:

The County of Monterey, its Officers, agents and employees, 1441 Constitution Blvd., Salinas, CA 93906

# ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM

## SCHEDULE

Name of Person(s) or Organization(s):

THE COUNTY OF MONTEREY ITS OFFICERS AGENTS & EMPLOYEES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

#### A. SECTION II - LIABILITY COVERAGE

A.1. Who is An Insured is amended to include as an additional insured for Liability Coverage, each person or organization shown in the Schedule, but only to the extent that person or organization qualifies as an "insured". Loss must arise out of ongoing operations performed for the Named Insured.

# B. SECTION IV - BUSINESS AUTO CONDITIONS

The following paragraph is added to B.5, of Other Insurance:

e. If required by a written contract or written agreement executed before the "accident" occurred, any insurance carried by the person or organization shown in the schedule shall be noncontributory with respect to the coverage provided to you.

All terms and conditions of this policy apply unless modified by this endorsement.

AC 20 41 01 10

Includes copyrighted material of insurance Services Office, Inc., with its permission.

Page 1 of 1

## **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

## SCHEDULE

Name of Person(s) or Organization(s):

THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND EMPLOYEES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

Copyright, Insurance Services Office, Inc., 1998

12340

1/540
YEAR

## Withholding Exemption Certificate

CALIFORNIA FORM

2	OTTS  (This form can only be used to certify exemption R&TC Section 18662. This form cannot be used	n from nonresident	withholding under C wage withholding.)		590
	this form with your withholding agent. ase type or print)	Withholding agent's n	ame		
·	or/Payee's name	101100111 111100	Social security number	Note:	
Ti	i- County Business Systems, Inc.	26-15	California corp. no. FE	identification make this ce	number will ertificate void.
	or/Payee's address (number and street)	APT no.		/endor/Payee's day!   <b>83 </b>   <b>75</b> 8 -	
Sity	alinas CA	ZIP Code 939	01		
with	tify that for the reasons checked below, the entity or individually holding requirement on payment(s) made to the entity or in e vendor/payee:	lual named on this dividual. Read the	form is exempt from following carefully a	n the California nd check the b	income tax ox that applies
	Individuals — Certification of Residency: I am a resident of California and I reside at the address inform the withholding agent. See instructions for Forn	s shown above. If I n 590, General Info	become a nonresid	lent at any time efinition of a re	e, I will promptly sident.
×	Corporations:  The above-named corporation has a permanent place through the California Secretary of State to do busines nia source income to nonresidents when required. If the California or ceases to be qualified to do business in California for Form 590, General Information E, for the definitions of the california	ss in Callfornia. The his corporation cea Callfornia, I will pro	e corporation will wi ses to have a perma mptly inform the wit	thhold on paym anent place of l hholding agent	business in
	Partnerships: The above-named partnership has a permanent place with the California Secretary of State, and is subject to and will withhold on foreign and domestic nonresident above, I will promptly inform the withholding agent. No like any other partnership.	the laws of Califor partners when req	nia.The partnership uired. If the partners	o will file a Calif ship ceases to o	ornia tax return do any of the
	Limited Liability Companies (LLC):  The above-named LLC has a permanent place of bus the California Secretary of State, and is subject to the withhold on foreign and domestic nonresident member promptly inform the withholding agent.	laws of California.	The LLC will file a	California tax re	eturn and Will
	Tax-Exempt Entities:  The above-named entity is exempt from tax under Ca of California source income to nonresidents when require the withholding agent.	lifornia or federal la juired. If this entity	w. The tax-exempt coeases to be exemp	entity will withhot from tax, I wi	old on payments Il promptly inform
	Insurance Companies, IRAs, or Qualified Pension/Prof The above-named entity is an insurance company, IR	it Sharing Plans: A, or a federally qu	alified pension or p	rofit-sharing pla	an.
	California irrevocable Trusts:  At least one trustee of the above-named irrevocable treturn and will withhold on foreign and domestic nondent at any time, I will promptly inform the withholding	esident beneficiari	resident. The trust v es when required. If	vill file a Califor the trustee bed	nia fiduciary tax comes a nonresi-
	Estates — Certification of Residency of Deceased Per I am the executor of the above-named person's estate estate will file a California flduciary tax return and will required.	e. The decedent wa	as a California reside In and domestic nor	ent at the time nresident benef	of death. The iciaries when
CE	RTIFICATE: Please complete and sign below.		# <b>.</b>		
Un	der penalties of perjury, I hereby certify that the information aditions change, I will promptly inform the withholding agen	n provided herein is t.	, to the best of my k	knowledge, true	and correct. If
Ve	ndor/Payee's name and title (type or plint) Robert	L. Bartle	+	5/9	1.
Ve	ndor/Payee's signature	The		Date	//3
	\				

59002103

## COUNTY OF MONTEREY - VENDOR DATA RECORD (Rev. 3-2012)

Required when doing business with the County of Monterey - No IRS W-9 form needed (Foreign vendors should submit IRS W-8) COUNTY OF MONTEREY PURPOSE: Information contained in this form will be used by the 1 Contracts/Purchasing County of Monterey to prepare information returns (Form 1099) 168 W. Allsal Street 3rd Floor and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when Salinas, CA 93901 RETURN processing payments. Emell: meyss@co.monterey.ca.iis TO: Phone: (881)-755-4990 See Privacy Statement and California Non-Resident Withholding Fax: (831) 755-4969 information on next page. VENDOR'S LEGAL NAME (as shown on your lacome lax rature) SELECT NAME TO BE MADE PAYABLETD 2 Tri-County Business Systems, Inc. ✓ Legal Name Allas/DBA BUSINESS NAME / DBA [If different from line 1] FAX NUMBER PHONE NUMBER NAME (831) 758-1474 (831) 758-2595 AND MAILING ADDRESS E-MAIL ADDRESS ADDRESS 855 S. Main Street mel@tcbs-usa.com ADDITIONAL MALLING ADDRESS REMIT-TO ADDRESS same CITY, STATE, ZIP CODE REMIT-TO CITY, STATE, 2/P CODE Salinas, CA 93901 game FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 3 For Tax ID entry instructions, C CORPORATION please see next TRUST/ESTATE page TAX ID S CORPORATION LIMITED LIABILITY COMPANY (LLC) AND PARTNERSHIP C Corporation NOTE: \$ Corporation Payment will not BUSINESS EXEMPT PAYEE (e.g., government, non-profit) ENTITY Partnership be processed TYPE OTHER: > without an accompanying taxpayer I.D. SOCIAL SECURITY NUMBER (SSN): number. INDIVIDUAL OR SOLE PROPRIETOR PLEASE CHECK ALL BOXES THAT ARE APPLICABLE TO THE CATEGORY OF PAYMENT: 4 SUPPLIES/EQUIPMENT ATTORNEY SERVICES INTEREST SERVICES (MEDICAL) PAYMENT LEGAL SETTLEMENT GRANTS TYPE \_\_ SERVICES (NON-MEDICAL) RENT/LEASE OTHER: > Are you a former employee of the County of Monterey? ACTIVITY Yes VNO Are you a Certifled Green Business? Yes VNO (See Information regarding green certification on next page) CALIFORNIA STATE WITHHOLDING STATUS (CA withholding information on next page): 5 CA Form 590 regulred If ✓ California Resident your address above in California Form 590 (Withholding Exemption Certificate) attached VENDOR section 2 is a non-CA RESIDENCY address STATUS California Non-Resident Walver of State withholding from California Franchise Tax Board attached FOR CA TAX CA NON-RESIDENTS: PURPOSES California Form 590 (Withholding Exemption Certificate) attached 7% will be withheld from payment unless one of the All services for payments issued are performed OUTSIDE of California lower four boxes on left is No Services are being rendered, only goods are being provided for payment checked. I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency 6 status change, I will promptly notify the County of Monterey. Authorized Representative's Name (Type or Print) Title Melissa Mears CERTIFYING VP SIGNATURE Signature Dote Phone Number nears 10/25/2012 (831)758-1474