

**AMENDMENT NO. 1
TO THE
STANDARD AGREEMENT
BETWEEN THE
COUNTY OF MONTEREY
AND THE
MONTEREY BAY CENTRAL LABOR COUNCIL**

This Amendment No. 1, effective July 1, 2014, to the Standard Agreement is made and entered into by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and the Monterey Bay Central Labor Council, hereinafter referred to as "CONTRACTOR", collectively sometimes referred to as the "Parties".

RECITALS:

WHEREAS, on September 9, 2013, COUNTY entered into the Standard Agreement with CONTRACTOR in the amount of \$98,196 to administer a mini-grant program associated with the Blue Shield of California Foundation grant for outreach and education efforts associated with the Affordable Care Act.

WHEREAS, COUNTY and CONTRACTOR wish to extend the term of the Agreement for an additional year (September 9, 2013 to June 30, 2015), add funding in the amount of \$141,766 for a revised total amount not to exceed \$239,962, and revise Exhibit A, Scope of Services/Payment Provisions.

NOW THEREFORE, both parties hereby agree to amend the Agreement as follows:

1. Amend PAYMENT PROVISIONS, 2.01, last sentence to read as follows: The total amount payable by COUNTY to CONTRACTOR under this Agreement is not to exceed the sum of \$239,962.
2. Amend TERM OF AGREEMENT, 3.01, first sentence to read as follows: The term of this Agreement is from September 9, 2013 to June 30, 2015, unless sooner terminated pursuant to the terms of the Agreement.
3. Exhibit A.1, Scope of Services/Payment Provisions replaces Exhibit A, Scope of Services/Payment Provisions.
4. Exhibit D, CBO Quarterly Reporting Progress Report is added to the Agreement.
5. All other terms and conditions of the Agreement remain unchanged and in full force.
6. This Amendment No. 1 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.

The remainder of this page was intentionally left blank

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 1 to the Agreement, effective July 1, 2014, as of the day and year last written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: _____

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: Steve J. Galt
Deputy County Counsel

Date: 6/6/14

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: 6-9-14

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

County Board of Supervisors' Agreement Number:

CONTRACTOR

Monterey Bay Central Labor Council

Contractor's Business Name*
By: [Signature]
(Signature of Chair, President, or Vice-President)*

Cesar Lara, Director
Name and Title

Date: 6-4-14

By: _____
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Name and Title
Date: _____

EXHIBITA.1

**To the Standard Agreement
By and Between
The County of Monterey
On Behalf of the
Monterey County Health Department hereinafter referred to as "County"
And the
Monterey Bay Central Labor Council, hereinafter referred to as "CONTRACTOR"**

Scope of Services / Payment Provisions

A. SCOPE OF SERVICES

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for the performance of work and adherence to the following deliverables as set forth below:

Program 1 (FY 2013-14): The Monterey Bay Central Labor Council (MBCLC) shall act as lead coordinator of the functions and associated activities identified below in connection to the Blue Shield of California Foundation Grant (Foundation). For the purposes of defining the activities beside the administration of the grant, the following definitions shall be referenced in conducting outreach, education and enrollment activities to be performed under this Agreement:

- **Community Outreach:** through various strategies, identify outreach efforts particularly in unserved and underserved areas, to generally inform community members about the importance of enrolling into care and refer as needed.
- **Community Education:** through various strategies, identify opportunities to provide individual and/or community level education that provides more detailed information regarding the Affordable Care Act in Monterey County.
- **Enrollment:** Assist with enrollment including receipt and verification of completed eligibility packet.
- **Ensure all subcontractors performing services through MBCLC's mini-grant awards are in compliance with HIPAA laws; stated and agree upon within the awarded contracts.**

All monthly written and summary reports using the forms agreed upon by both CONTRACTOR and COUNTY and required under this Agreement must be delivered to Erica Padilla-Chavez, County's Manager, in accordance with the schedule above.

Program 2 (FY 2014-15): The MBCLC shall act as lead coordinator for activities associated with the implementation of AB 82: Medi-Cal Outreach and Enrollment Program (AB 82). Activities are specifically related to outreach and enrollment efforts for the following populations of focus: families with mixed immigration, persons with limited English proficiency, persons with mental and substance abuse, and the persons who experience homelessness. For the purposes of defining the activities beside the administration of the AB 82 Grant, the following definitions shall be referenced in conducting outreach and enrollment activities to be performed under this Agreement:

- **Outreach:** through various strategies, implement outreach efforts targeting newly eligible hard to reach populations as specified in the scope of work associated with this Agreement, about the eligibility requirements for Medi-Cal.

- Enrollment: Contractor will work with CBO's and other partners to assist with enrollment into Medi-Cal for the populations identified in this agreement. Verification of enrollment will be defined as receipt and verification of a completed eligibility packet.

CONTRACTOR will ensure all subcontractors performing services through MBCLC's mini-grant awards are in compliance with HIPAA laws; stated and agree upon within the awarded contracts.

Quarterly reports shall be submitted in accordance with the schedule and content outlined in Exhibit D, CBO Quarterly Reporting Progress Report, and noted in the payment schedule for Program 2.

B. PAYMENT PROVISIONS

B.1 COMPENSATION/ PAYMENT

- A. County shall pay an amount not to exceed **\$239,962** for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Work for Program 1(FY 2013-14) and Program 2 (FY 2014-15). CONTRACTOR'S compensation for services rendered shall be based on the following rates in accordance with the functions and activities outlined in the following tables for each respective program:

[see tables B.1 on next page]

Table B.1: Scope of Work for Program 1 (Blue Shield of California Foundation Grant)

| FUNCTION | ACTIVITY | DELIVERABLE | TIMELINE | OBJECTIVE | FUNDING MAXIMUM |
|--|--|---|---|--|---------------------|
| Access to Care Coaliton Blue Shield Grant Coordination | Coordinate mini-grant activities related to Access to Care Coalition as it relates to the Blue Shield Foundation Grant (BSFG). This includes developing a solicitation process, issuance of funds, monitoring program implementation and other related administrative tasks. | Keep records of all mini-grant administrative functions related to the BSFG. Provide monthly summary activity reports to COUNTY contract administrator. Funds related to this activity include mileage reimbursement of up to \$5,000 and up to \$10,000 for administrative activities associated with the functions of coordination. | August-March 2014 | Ensure successful delivery of activities related to the BSFG. | \$ 15,000.00 |
| Training and Outreach | General ACA Trainings | Participate in general ACA Training for Access to Care (ATC) Coalition Members and prospective members for the purpose of educating the public regarding the Affordable Care Act (ACA). | August-March 2014 | Contact at least 52,000 uninsured individuals to assist them with enrollment in Medi-Cal and California Health Benefits Exchange. | |
| | Application Assistors | 80 to 120 application assistors will be trained. Assistors receiving funds from the BSG shall attend and be participatory members of ATC. | When made available through Covered California (Training in August/September) | Begin providing training to 80 application assistors to improve scope and effectiveness of enrollment | |
| | Early Identification through oureach efforts | Collect and forward names and contact information of potential eligibles to the Department of Social Services for future contact and/or enrollment of coverage. | August-March 2014 | Assistors will begin expediting an enrollment eligibility precertification process for low-income individuals in Monterey County. | |
| | Enrollment into ViaCare | Assist community partners in successfully enrolling into ViaCare and in this way facilitate transition to Medi-Cal Expansion. | August through December | Contact at least 52,000 uninsured individuals to assist them with enrollment in Medi-Cal and California Health Benefits Exchange. / Begin expediting an enrollment eligibility for lowincome individuals in Monterey County. | \$ 50,000 |
| Education | Community Education | Assess community outreach activities planned by local Covered California funded and unfunded partners and develop a community level outreach plan to inform and contact populations eligible for coverage in both traditional and non-traditional settings. | August-March 2014 | Contact at least 52,000 uninsured individuals to assist them with enrollment in Medi-Cal and California Health Benefits Exchange. | |
| | Education Materials | Production costs associated with the printing or acquisition of educational materials | As needed but must be consistent with Covered California messaging. | Contact at least 52,000 uninsured individuals to assist them with enrollment in Medi-Cal and California Health Benefits Exchange. | \$ 33,196 |
| Funding Maximum for all Functions | | | | | \$ 98,196.00 |

Additional Terms and Conditions for Program 1:

1. Use of Funds: Contractor shall use funds only for the purposes of the specific project funded by the Blue Shield of California Foundation Grant as described above.
2. Contractor will work with County to ensure that the Foundation receive the following reports:
 - a. Interim Report: October 1, 2013
 - b. Final Report: May 1, 2014
3. Contractor understands that the Foundation may monitor and conduct an evaluation of operation under this grant. This may include a visit from Foundation staff, Trustees, and/or Foundation advisors, to observe Grantee's program, discuss the program and review financial and other records and material connected with the activities funded by the Foundation. In addition, Contractor agrees to maintain and forward copies of all materials funded in full or in part with Foundation funds to County.
4. Contractor shall forward adequate records to substantiate expenditures from grant funds. Contractor shall make its books and records pertaining to the grant funds available to the County and Foundation at reasonable times for review and audit, and shall comply with all reasonable requests from the County for information and interview regarding use of funds. Contractor shall keep copies of all books and records related to this grant and all reports to the County for at least four years after Contractor has expended the last of the grant funds.
5. Contractor shall not use any portion of the funds associated with this agreement;
 - a. To influence the outcome of any specific election of candidates to public office, or to carry on, directly or indirectly, a voter registration drive within the meaning of IRC Section 4945(d)(2), as interpreted by its accompanying regulations;
 - b. To undertake an activity for any purpose other than a religious, charitable, scientific, literary, educational, or other purpose specific in IRC Section 170 (c)(2)(B); or
 - c. To induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with IRC Section 501(c)(3).
6. Any information contained in publications, studies or research funded by this Agreement shall be made available to the public following such reasonable requirements or procedures as the County may establish from time to time. Contractor grants to the County an irrevocable, nonexclusive license to publish any publications, studies, or research funded by this grant at its sole discretion.
7. In the case of any violation by Contractor of the terms conditions of this Agreement, including but not limited to not executing the work of the Agreement in substantial compliance of the scope of work, or in the event of any change in or challenged by the IRS of Contractor's status as a Public Charity, the County reserves the right in its absolute discretion to terminate the Agreement.
8. Contractor is solely responsible for all activities supported by the funds associated with this Agreement, the content of any product created with the funds, and the manner in which such products may be disseminated. This Agreement shall not create any agency relationship, partnership, or joint venture between the parties, and Contractor shall make no such representation to anyone.
9. Contractor agrees that the funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules and executive orders.
10. County and CONTRACTOR agree that CONTRACTOR shall be reimbursed for travel expenses during this Agreement. CONTRACTOR shall receive compensation for travel expenses as per the "County Travel Policy". A copy of the policy is available online at www.co.monterey.ca.us/auditor/policies.htm To receive reimbursement, CONTRACTOR must provide a detailed breakdown of authorized expenses, identifying what was expended and when.
11. CONTRACTOR warrants that the cost charged for services under the terms of this contract are not in excess of those charged any other client for the same services performed by the same individuals.

Program 2: AB 82 Medi-Cal Outreach and Enrollment Grant

| Function | Activity | Deliverable | Timeline | Objective | Funding Maximum |
|---|---|---|---------------------|---|-------------------|
| Project Coordination | Coordinate mini-grant activities related to implementation of AB 82 activities. This includes developing a solicitation process, issuance of funds, monitoring program implementation and other related administrative tasks. | 1. Agreements established with clear identification of number of individuals projected to be contacted and enrolled 2. Progress Reports submitted in a timely manner 3. Development of a schedule of planned activities with participating partners | July 2014-June 2015 | Ensure successful delivery of activities associated with AB 82 activities | \$15,966 |
| Summary of Activities by population of focus as stipulated in the AB 82: | | | | | |
| Enrollment of Mixed Immigration status eligibles | Develop activities with CBO partners that aim to enroll this population of focus. | Identify CBO partners to work with the populations identified for this grant and provide summary of those efforts in the progress report. | July 2014-June 2015 | Ensure successful delivery of activities for this population of focus and report summary of efforts, by CBO on a quarterly basis. Project Goal: 900 Enrollments | \$41,240 |
| Limited English Proficiency | Develop activities with CBO partners that aim to enroll this population of focus. | Identify CBO partners to work with the populations identified for this grant and provide summary of those efforts in the progress report. | July 2014-June 2015 | Ensure successful delivery of activities for this population of focus and report summary of efforts, by CBO on a quarterly basis. Project Goal: 900 Enrollments | \$41,240 |
| Persons with mental health disorders | Develop activities with CBO partners that aim to enroll this population of focus. | Identify CBO partners to work with the populations identified for this grant and provide summary of those efforts in the progress report. | July 2014-June 2015 | Ensure successful delivery of activities for this population of focus and report summary of efforts, by CBO on a quarterly basis. Project Goal: 250 Enrollments | \$ 11,870 |
| Persons with substance abuse disorders | Develop activities with CBO partners that aim to enroll this population of focus. | Identify CBO partners to work with the populations identified for this grant and provide summary of those efforts in the progress report. | July 2014-June 2015 | Ensure successful delivery of activities for this population of focus and report summary of efforts, by CBO on a quarterly basis. Project Goal: 250 Enrollments | \$ 18,870 |
| Persons who are homeless | Develop activities with CBO partners that aim to enroll this population of focus. | Identify CBO partners to work with the populations identified for this grant and provide summary of those efforts in the progress report. | July 2014-June 2015 | Ensure successful delivery of activities for this population of focus and report summary of efforts, by CBO on a quarterly basis. Project Goal: 300 Enrollments | \$ 12,580 |
| Total Maximum Funding: | | | | | \$ 141,766 |

B.2 CONTRACTORS BILLING PROCEDURES

Program 1:

A. Payments shall be paid under the fixed rate methodology schedule shown below. Fixed rates are payments in advance based upon one-eighth paid on a monthly basis not to exceed the annual the payment plan budget as outlined below. All payments made to the CONTRACTOR will be settled with a grant-end cost analysis report based upon actual cost less any deductible revenue collected by CONTRACTOR to date.

| PAYMENT SCHEDULE | # of Months | Period | Maximum Payment |
|-------------------------------------|-------------|------------------------|---------------------|
| Total Agreement Amount | 8 | August 2013-March 2014 | \$ 98,196.00 |
| Payment 1: Fixed Rate | 3 | August-October 2013 | \$ 36,823.50 |
| Payment 2: Fixed Rate | 3 | November 2013-Jan 2014 | \$ 36,823.50 |
| Payment 3: Fixed Rate | 2 | Feb 2014-March 2014 | \$ 24,549.00 |
| Maximum Obligation of County | | | \$ 98,196.00 |

Program 2:

Payments shall be paid under the fixed rate methodology schedule shown below. Fixed rates are payments in advance based upon a quarterly schedule in a 12 month period with the exception of one advance payment issued upon agreement issuance for program implementation purposes. The payment schedule below summarizes the disbursement schedule:

| Payment # | Invoice Timeline | # of Months | Notes | Maximum Payment |
|---|------------------|-------------|--|----------------------|
| Payment 1: Fixed Rate | July 1, 2014 | n/a | Funds issued for planning purposes. Invoice must be submitted along with 1st Quarterly Progress Report as noted in Exhibit D. | \$ 20,000.00 |
| Payment 2: Fixed Rate | October 6, 2014 | 3 | Invoice must be submitted along with the 2nd Quarterly report as noted in Exhibit D. | \$ 15,441.50 |
| Payment 3: Fixed Rate | January 5, 2015 | 3 | Invoice must be submitted along with the 3rd Quarterly report as noted in Exhibit D. | \$ 35,441.50 |
| Payment 4: Fixed Rate | April 6, 2015 | 3 | Invoice must be submitted along with the 4th and final Quarterly Report as noted in Exhibit D. | \$ 35,441.50 |
| Payment 5: Fixed Rate | July 6, 2015 | 3 | | \$ 35,441.50 |
| Maximum Obligation of County for Program 2 | | | | \$ 141,766.00 |

B. CONTRACTOR will submit claims using approved Invoice Template for services rendered for Program 1 under each function at the beginning of each claim period as noted above.

CONTRACTOR will submit an invoice for services rendered for Program 2 in accordance with the invoice timeline specified in the schedule of payments for Program 2.

CONTRACTOR will submit claims in accordance with the timelines outlined for each program and mail to the following address:

Monterey County Health Department
Administration
1270 Natividad Road
Salinas, CA 93906
Attn: Accounts Payable

- C. COUNTY shall review and certify CONTRACTOR's claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within (30) days of receiving the certified invoice.
- D. CONTRACTOR will attach any and all qualitative monitoring reports along with submitted claims unless COUNTY and CONTRACTOR have agreed upon a different submittal schedule for such monitoring reports.
- E. County may, in its sole discretion, terminate the contract or withhold payments claimed by CONTRACTOR for services rendered if CONTRACTOR fails to satisfactorily comply with any term or condition of this Agreement.
- F. County shall not pay any claims for payment for services submitted more than twelve (12) months after the calendar month in which the services were completed.
- G. DISALLOWED COSTS: CONTRACTOR is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its subcontractors.

**AB 82 Medi-Cal Outreach and Enrollment
CBO Quarterly Reporting
Progress Report**

Instructions: Please submit your quarterly report to the County designee via email according to this schedule.

Note: Due date is mandatory, due to state review deadlines that the County must adhere to.

| Period | Progress Report Due Date to County |
|--|---|
| Quarter 1: July, August, September | October 6, 2014 |
| Quarter 2: October, November, December | January 5, 2015 |
| Quarter 3: January, February, March | April 6, 2015 |
| Quarter 4: April, May, June | July 6, 2015 |

Narrative:

1. Describe the activities carried out this reporting period to meet the objectives as described in the scope of work. Briefly describe the benchmarks used and progress to date. Identify the work achieved by the various partners by answering the following:
 - a. What did you accomplish this period?
 - b. What indicators or benchmarks did you use to determine your progress?
 - c. How many Medi-Cal enrollments resulted from your outreach and education efforts? In reporting, use the format as follows:

| | | |
|-------------|----------------|-------------|
| Agency Name | # of people | # of people |
| | outreached via | enrolled |
| | education | |

2. Describe any practices or innovative strategies that were successful and can serve as a model for others or that can be built upon.

3. Describe project activities or success not identified in the scope of work plan that were a spin-off of work plan activities.

4. Describe which, if any, proposed activities were not completed in accordance with the scope of work. If they activities completed differ from the scope of work, what caused the changes? If activities were delayed, explain why, when and how.

5. Describe products developed and data sources used if any.

6. Share other insight or highlights of the work accomplished this quarter.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/03/2014

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 in lieu of such endorsement(s).

| | | |
|---|---|-------------------------------------|
| PRODUCER Stephen Chelbay Company PO Box 5057 San Jose, CA 95150 | CONTACT NAME: Sharon Vargas | |
| | PHONE (A/C, No. Ext): 408-288-4427 | FAX (A/C, No.): 408-288-4425 |
| E-MAIL ADDRESS: svargas@chelbayins.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Travelers Property Casualty Company of America | | 25674 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

| | | |
|-----------------------------|----------------------------|-------------------------|
| INSURED 831-422-4626 | CERTIFICATE NUMBER: | REVISION NUMBER: |
|-----------------------------|----------------------------|-------------------------|

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | x | | 660-3184B087 | 06/05/2014 | 06/05/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> EXCESS LIABILITY... <input type="checkbox"/> NON-OWNED AUTOS | | | 660-3184B087 | 06/05/2014 | 06/05/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA is AM Best Rated A+ XV

County of Monterey, its officers, agents and employees are named Additional Insured under the General Liability per policy form and the attached OTHER INSURANCE - ADDITIONAL INSUREDS that is part of the policy. with a copy attached.

CERTIFICATE HOLDER

County of Monterey
 1270 Natividad Road
 Salinas, CA 93906

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Sharon Vargas

POLICY NUMBER: I-660-3184B087-TIL-14

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: 04-18-14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-FINANCIAL SUPPORT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

NAME OF PERSON OR ORGANIZATION:

COUNTY OF MONTEREY, ITS OFFICERS,
AGENTS AND EMPLOYEES

1270 NATIVIDAD ROAD

SALINAS

CA 93906

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the
~~Schedule as an insured but only with respect to Liability arising out of the financial support provided to you.~~

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER INSURANCE – ADDITIONAL INSUREDS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PROVISIONS

COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV), Paragraph 4. (**Other Insurance**), is amended as follows:

1. The following is added to Paragraph a. **Primary Insurance**:

However, if you specifically agree in a written contract or written agreement that the insurance provided to an additional insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with that other insurance, provided that:

- a. The "bodily injury" or "property damage" for which coverage is sought occurs; and

- b. The "personal injury" or "advertising injury" for which coverage is sought arises out of an offense committed

subsequent to the signing and execution of that contract or agreement by you.

2. The first Subparagraph (2) of Paragraph b. **Excess Insurance** regarding any other primary insurance available to you is deleted.
3. The following is added to Paragraph b. **Excess Insurance**, as an additional subparagraph under Subparagraph (1):

That is available to the insured when the insured is added as an additional insured under any other policy, including any umbrella or excess policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2014

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 in lieu of such endorsement(s).

| | | | |
|--|---|--|------------------------------------|
| PRODUCER | RUSS WILCOX AGENCY 1532 CONSTITUTION BLVD. SALINAS, CA 93905 | CONTACT NAME: URSULA LAFARGA PHONE (A/C, No, Ext): 831-443-1001 E-MAIL ADDRESS: ursula@russwilcox.com | FAX (A/C, No): 831-443-9855 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: State Farm General Insurance Company | | NAIC # 25151 |
| INSURED MONTEREY BAY C L C 931 E. MARKET ST. SALINAS, CA 9395 | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input checked="" type="checkbox"/> N | N/A | 97-BS-X216-1 | 10/14/2013 | 10/14/2014 | PER STATUTE 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 |

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

Labor Council. **R WILCOX INS AGCY INC** **05-6069**
 931 E. Market St **MONTEREY** **F146**
 Salinas, CA 93905

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| CERTIFICATE HOLDER County of Monterey 1270 Natividad Rd Salinas, CA 93906 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|