

**MEMORANDUM OF UNDERSTANDING
BETWEEN SALINAS UNION HIGH SCHOOL DISTRICT AND
COUNTY OF MONTEREY, ON BEHALF OF
NATIVIDAD MEDICAL CENTER**

This Memorandum of Understanding ("MOU") is entered into this August 4, 2022, by and between **Salinas Union High School District** ("District"), a California public school district, and County of Monterey, on behalf of its County-owned and operated **Natividad Medical Center** ("COUNTY") The District and COUNTY may each be referred to as a "Party" or collectively as the "Parties" in this MOU. This MOU will not be effective until approved or ratified by the Parties' governing boards.

- A. The District is the owner of certain real property located at . . .
- | | |
|--|---|
| Alisal High School 777 Williams Road Salinas, CA 93905 | North Salinas High School 55 Kip Drive Salinas, CA 93906 |
| Everett Alvarez High School 1900 Independence Blvd Salinas, CA 93906 | Rancho San Juan High School 1100 Rogge Road Salinas, CA 93906 |
- B. COUNTY owns and operates Natividad Medical Center which provides preventative and primary medical care, health education and other services to medically underserved areas of the Salinas Valley).
- C. COUNTY desires to enter into this MOU with the District allowing COUNTY to conduct on-site pre-participation screenings for District students at the four above-listed high schools.
- D. The Parties desire to enter into this MOU in order to permit COUNTY to utilize certain District office space and restrooms, subject to the terms and conditions set forth in this MOU.

In consideration of the covenants and conditions of this MOU, including the Recitals above, which are incorporated herein by this reference, the Parties hereby agree as follows:

MEMORANDUM OF UNDERSTANDING

1. **Purpose.** The Parties agree that the purpose of this MOU is to set out the terms and conditions pursuant to which COUNTY will be permitted to provide on-site pre-participation screening (also known as "sports physicals") services described in Exhibit A hereto ("Services") for District students utilizing certain District facilities at the School Sites.
2. **Term.** Unless earlier terminated as provided hereunder, the initial term of this MOU shall be for August 4, 2024 through June 1, 2023.

3. **Location: Regular Service Hours.** Pursuant to the terms and conditions of this MOU, COUNTY will conduct Services at Alisal High School, Everett Alvarez High School, North Salinas High School, and Rancho San Juan High School ("High Schools"). Services shall be conducted specifically at the Locker Rooms of the High Schools designated on the Site Map at Exhibit B.
6. **COUNTY Responsibilities.** COUNTY shall be responsible for all of the following:
 - a. Ensuring all Services are provided by appropriately licensed and trained health care professionals, including Nurse Practitioners/Physician Assistants, Registered Nurses, and Medical Assistants;
 - b. Employing, supervising, and paying all COUNTY staff necessary to provide the sports physicals, who will at all times be employees or independent contractors of COUNTY and governed by applicable COUNTY personnel rules and regulations;
 - c. Providing all equipment and supplies necessary for the performance of the sports physicals and for COUNTY's operations in the Office, as appropriate;
 - d. Properly disposing of all regular, medical, and hazardous waste at the end of each day of Service;
 - e. Designating an COUNTY staff member to serve as the liaison between COUNTY and the District;
 - f. Notifying the District as soon as possible if COUNTY cannot provide the sports physical;
 - g. Coordinating scheduling and advertisement of Services with the District to complement outreach conducted by the District to inform the community of the sports physicals.
7. **District Responsibilities.**
 - a. Providing appropriate facilities to accommodate the sports physicals
 - b. Designating a District staff member to serve as the liaison between the District and COUNTY who will be present on District property during the sports physical and who will be responsible for communication, coordination, and interaction with COUNTY employees.
8. **Termination.** Either Party may terminate this MOU at any time without cause on thirty (30) days' prior written notice to the other Party.
9. **Operation and Management of the Sports Physicals**
 - a. COUNTY will be responsible for obtaining all required permits, and for complying with all federal, state, and local laws and regulations application to the provision of the Services, whether such laws and requirements are now in force or hereinafter enacted.
 - b. COUNTY will pay all costs associated with the sports physical including, without limitation, the hiring and employment of the employees and independent contractors, the processing of payroll, tax payments, workers' compensation insurance or self-insurance, group health insurance benefits, accounting and wage reporting services for sports physical employees, and the preparation of all legally required reports to funding sources, and the like.

- c. COUNTY's responsibility for the sports physical shall also include the collection, maintenance, and provision of all statistical information, demographics, and information required to be gathered, maintained, or submitted regarding the sports physical.
- d. The District will have no responsibility for patients' unpaid bills, for any part of the operation of the sports physical, or for any costs or expenses related thereto.

10. Damage or Destruction of District Property. COUNTY shall be responsible for repairing or replacing any District property damaged or destroyed by COUNTY officers, agents, employees, contractors, subcontractors, consultants and invitees (collectively, "COUNTY Users"). For purposes of this Section, "District property" means all real property, personal property, equipment, fixtures, or facilities owned or operated by the District. Repair or replacement of District property shall be performed to District standards, in a reasonable amount of time.

11. Qualifications and Employment of Providers. Immunizations and Tuberculosis Testing. COUNTY represents and warrants that every COUNTY employee and health professional that COUNTY assigns, directs, or employs to provide sports physicals has completed a background check, and has received all other required medical and background clearances, immunizations, and tuberculosis testing in accordance with COUNTY policies and procedures.

12. Student Access: Authorization for Services. Except where applicable law authorizes confidential medical services, parents or legal guardians must provide written authorization for the provision of all Services to minor children. With the exception of routine vision and other health screenings, for which such written authorization is deemed sufficient, parents or legal guardians of minor children must be present when all Services are rendered.

13. HIPAA: Access to Student Records. The Parties agree that the District is not a "business associate" of COUNTY pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The District will not be performing or assisting in the performance of covered HIPAA functions on behalf of COUNTY. There will be no exchange of individually identifiable health information between COUNTY and the District. With that understanding the Parties agree that they shall comply with all HIPAA privacy regulations, including but not limited to those set forth in 45 CFR Parts 160 and 164, and also with all applicable California privacy laws. Other than directory information, COUNTY shall not have access to any education records as defined in the Family Educational Rights and Privacy Act of 1974 ("FERPA") or pupil records as defined in Education Code section 4900 *et seq.*, maintained by the District, without written consent of parent or legal guardian.

14. Indemnification.

- a. Unless expected or otherwise relieved from liability under the terms of this MOU, COUNTY shall hold harmless, defend and indemnify the District, its agents, officers, Board of Trustees, members or its Board of Trustees, agents, and employees from and against any liability, claims, actions, costs, damages or losses of any kind, including without limitation; death or injury to any person and/or damage to property, including District property; any alleged or actual breach of HIPAA or other laws governing the

privacy and confidentiality of medical records; alleged or actual medical malpractice; or negligent patient are arising from, or in connection with any negligent acts or omissions or any intentional misconduct of COUNTY or its agents, officers, employees, subcontractor, or licensees related to the performance of this MOU or the provision of any Services rendered pursuant to this MOU. This indemnification specifically includes any claims brought against the District by any taxing authority asserting that an employer-employee relationship exists by reason of this MOU, and any claims brought against the District by any County employee alleging civil rights violations by COUNTY under Government Code section 12920 *et seq.*, California Fair Employment and Housing Act or Title VII of the Federal Civil Rights Act. This indemnification obligation shall continue beyond the term of this MOU as to any acts or omissions occurring under this MOU or any extension or renewal of this MOU.

- b. Unless excepted or otherwise relieved from liability under the terms of this MOU, the District shall hold harmless, defend and indemnify COUNTY, its Board Members, agents, officers, and employees from and against any liability, claims, actions, costs, damages or losses of any kind, including without limitation; death or injury to any person and/or damage to property, including COUNTY property, arising from, or in connection with, any negligent acts or omissions, or any intentional misconduct of the District or its officers, employees, agents, subcontractors, and licensees arising from the performance of this MOU. This indemnification obligation shall continue beyond the term of this MOU as to any acts or omissions occurring under this MOU or any extension of this MOU. This indemnification obligation specifically includes any claims brought against COUNTY for violation of FERPA or Education Code section 4900 *et seq.*,

15. Independent Contractor. In COUNTY's performance of its duties and obligations under this MOU, it is mutually understood and agreed by the Parties that COUNTY is at all times acting and performing as an independent contractor and that COUNTY is free from the control and direction of District in connection with COUNTY's performance of the Services. The Parties further understand and agree that COUNTY and its employees, agents, and representatives shall not be considered officers, employees, agents, partners, or joint venturers of District, and are not entitled to benefits of any kind or nature normally provided to employees of District and/or to which District's employees are normally entitled.

16. Insurance. COUNTY shall maintain in force, at all times during the Initial Term or any Renewal Term of this MOU, commercial, automobile, Workers' Compensation and Employee's Liability, hospital professional (medical malpractice) liability insurance, abuse and molestation insurance, and employer's and director's liability insurance or programs of self-insurance, in the amount, manner and form set forth in **Exhibit C**. COUNTY shall to the extent required by law, provide Workers' Compensation and Employee's Liability insurance at COUNTY's own cost and expense, and neither COUNTY, nor its carrier shall be entitled to recover from the District any costs, settlements, or expenses of Workers' Compensation or Employer's Liability claims

arising out of this MOU, except when and only to the extent such claims are the result of District negligence.

16. No Monetary Compensation. It is expressly understood that COUNTY is providing Services to the Salinas Valley community, including District students, families, and staff, at no charge to the District.

17. Signage. COUNTY shall not place any signage on District premises or grounds without prior written consent of the District, which shall not be unreasonably withheld or delayed.

18. Limitations on Use.

- a. COUNTY shall comply with all federal, state, local and District laws, statutes, codes, ordinances, rules, regulations, policies and requirements ("Law") regarding the use of District facilities and grounds and the provision of Services under this MOU.
- b. COUNTY shall not use, permit, or allow District facilities or grounds to be used, occupied or improved under this MOU in any manner or for any purpose that is in any way in violation of any Law.
- c. COUNTY will not permit the possession or consumption of alcohol or the use of tobacco products in any District facilities or grounds.

19. Advertising. No Party shall use the other Party's name or logo in any descriptive or promotional literature or communication of any kind without the other Party's prior written consent. COUNTY expressly agrees that it shall not, without prior written authorization use any photographs of District students or of any District property in any descriptive or promotional literature or communication of any kind.

20. Notices. Any notice, demand, approval, consent, or other communication between the Parties will be provided to the following addresses:

To District

Salinas Union High School District
431 W. Alisal Street
Salinas, CA 93901
Phone: 831-796-7000
Email:
Attention:

To COUNTY

Natividad Medical Center; Family Residency Program

1441 Constitution Blvd
Salinas, CA 93906
Phone: 831-755-4111
Email: nothnagleMB@natividad.com
Attention: Dr. Melissa Nothnagle

Notice may be provided by personal service, regular mail, certified mail, overnight mail with proof of delivery, facsimile with proof of transmission, or by email provided receipt is acknowledged. By written notice to the other, either Party may change its mailing address or correspondence information.

21. Miscellaneous Provisions.

- a. Amendments. This MOU may be modified or amended only by the written consent of the Parties.
- b. Assignment/Subcontracting. Unless otherwise provided in this MOU, no part of this MOU may be assigned or subcontracted by either Party without the prior written consent of the other Party.
- c. Governing Law; Venue. This MOU shall be governed by and interpreted under the laws of the State of California applicable to instruments, persons, transactions and subject matter which have legal contacts and relationships exclusively within the State of California. Any action or proceeding seeking any relief under or with respect to this MOU shall be brought solely in the Superior Court of the State of California for Monterey county, subject to any transfer of venue as required by law.
- d. Entire Agreement. This MOU constitutes the entire agreement between the Parties with respect to the subject matter hereof, and no prior agreement, statement, promise, or representation made by any party, employee, officer, or agent which is not contained herein shall be binding or valid.
- e. Severability. If any provision of this MOU shall for any reason and to any extent be deemed invalid or unenforceable, the remainder of this MOU and application of such provisions to other persons or circumstances shall remain valid and enforceable to the fullest extent of the law.
- f. Assurances of Non-Discrimination. COUNTY shall not unlawfully discriminate in employment or in the provision of the Services on the basis of any characteristic or condition upon which discrimination is prohibited by state or federal law or regulation applicable to COUNTY.
- g. Execution in Counterparts. This MOU may be executed in counterparts such that the signatures may appear on separate pages. A copy, or an original, with all signatures appended together shall be deemed a fully executed agreement. Signatures transmitted by facsimile shall be deemed original signatures.
- h. Warrant of Authority. Each of the persons signing this MOU represents and warrants that such person has been duly authorized to sign this MOU on behalf of the Party indicated, and each of the Parties by signing this MOU warrants and represents that such Party is legally authorized and entitled to enter into this MOU.

- i. Effective upon Board Approval or Ratification. This MOU shall not be effective unless or until approved or ratified by the Salinas Union High School District Board of Trustees and the County of Monterey Board of Supervisors.

The Parties hereto have executed this MOU on the date last set forth below.

Executed: 8/1, 2022

SALINAS UNION HIGH SCHOOL DISTRICT


By: 

Name: DAN BURNS

Title: SUPERINTENDENT

Executed: 28 July, 2022

COUNTY OF MONTEREY, on behalf of
NATIVIDAD MEDICAL CENTER

By: 

Name: Charles R. Harris

Title: CEO, Natividad Medical Center

EXHIBIT A

COUNTY shall conduct pre-participation physical evaluations (PPE) for District students ("Services"), consisting of:

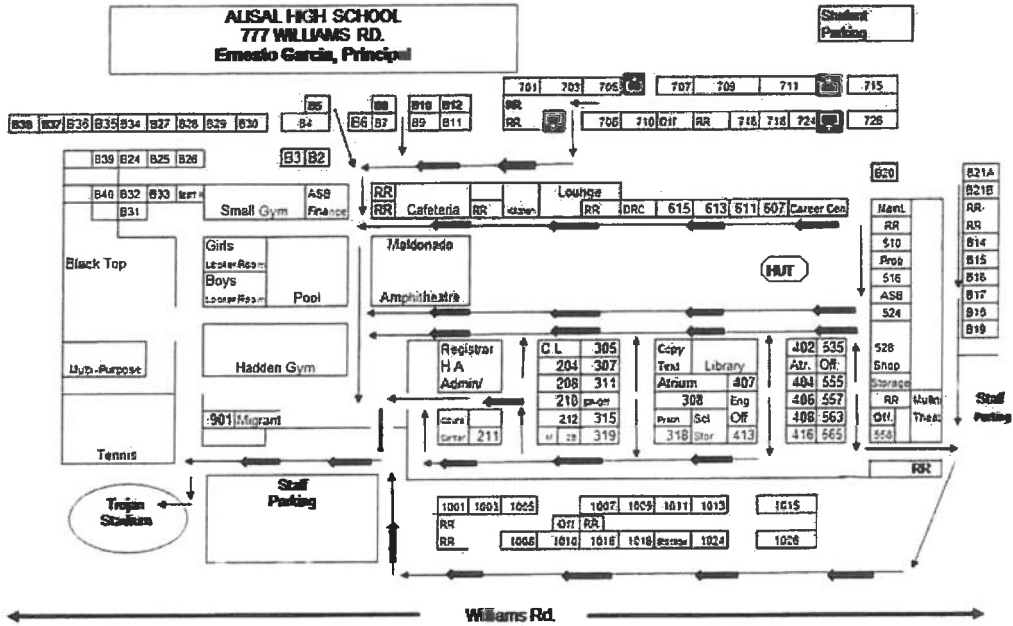
Health Screening. This includes a written health history combined with a focused physical exam designed to screen for injuries, illnesses or factors which might place the athlete or others at risk for preventable illness or injury

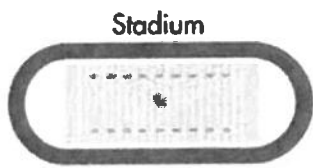
Health Education. Written and verbal feedback on the athlete's health status. Educational materials are provided as able.

Referrals for consultation with primary care as recommended based on the findings from the evaluation.

EXHIBIT B

Site Map for Alisal, Everett Alvarez, North Salinas and Rancho San Juan

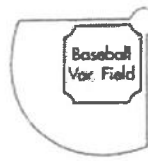




Stadium

North Salinas High School

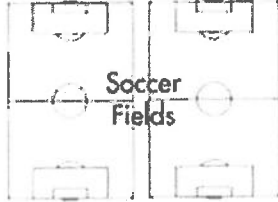
55 Kip Drive
Salinas, CA 93906



Baseball Var Field



Baseball JV Field



Soccer Fields



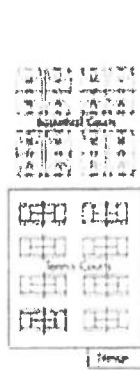
Softball Var Field



Softball JV Field



ALLEY TO MARYAL DRIVE



Business Center



Boys Volleyball



AIE International Room



Weight Room



Boys Locker Room



Pool



Girls Locker Room



Gym Theater



Large Gym



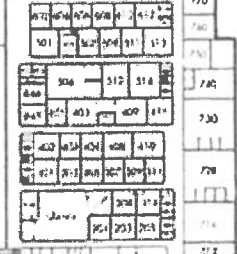
Small Gym



819 817 815 813 811 809 807 805 803 901



792 791 790 789 788 787 786 785 784 783 782 781 780



The Mall

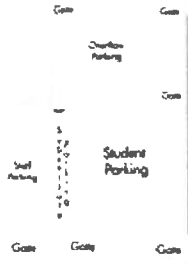
Front Entrance



13 15 17 19 21 22



2 4 6 8 10 12 14 16 18 20



Church Parking

Student Parking

Staff Parking

Commodore Hall

Green House

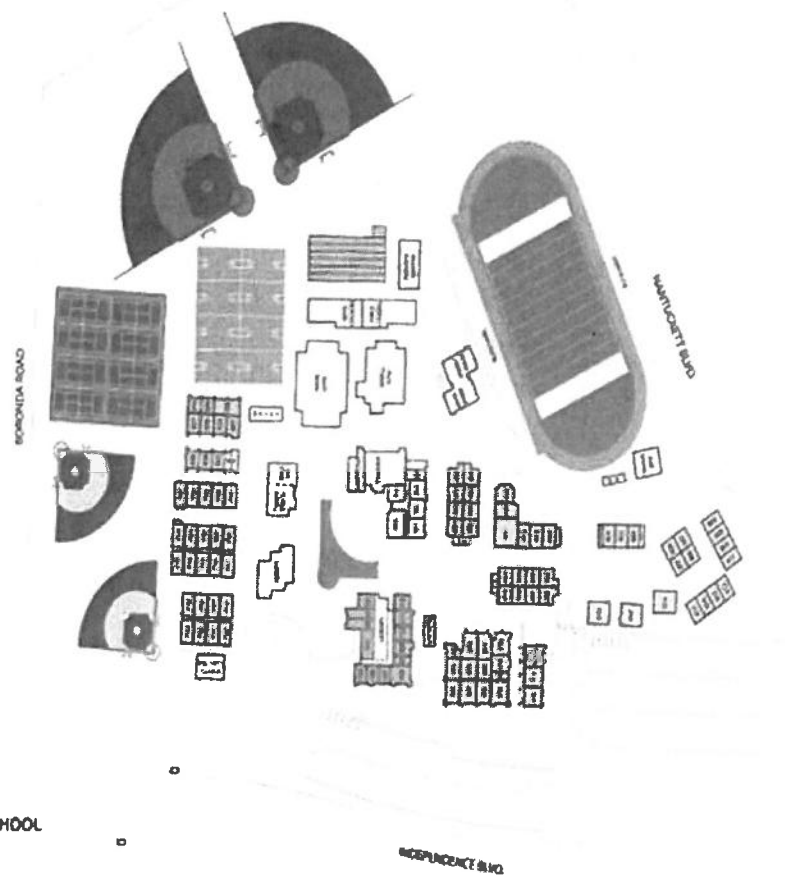
Parent Center

K I P D R I V E

Welcome to Everett Alvarez High School. Home of the Eagles!



PROPERTY OF THE WESTERN ASSOCIATION OF BOYS' AND GIRLS' CLUBS



| CLASS ROOMS | |
|------------------------|------|
| [Dark Grey Box] | 100s |
| [Medium-Dark Grey Box] | 200s |
| [Medium Grey Box] | 300s |
| [Light Grey Box] | 400s |
| [Very Light Grey Box] | 600s |
| [White Box] | 700s |
| [White Box] | 800s |

EVERETT ALVAREZ HIGH SCHOOL
1900 Independence Blvd
Salinas, CA 93906

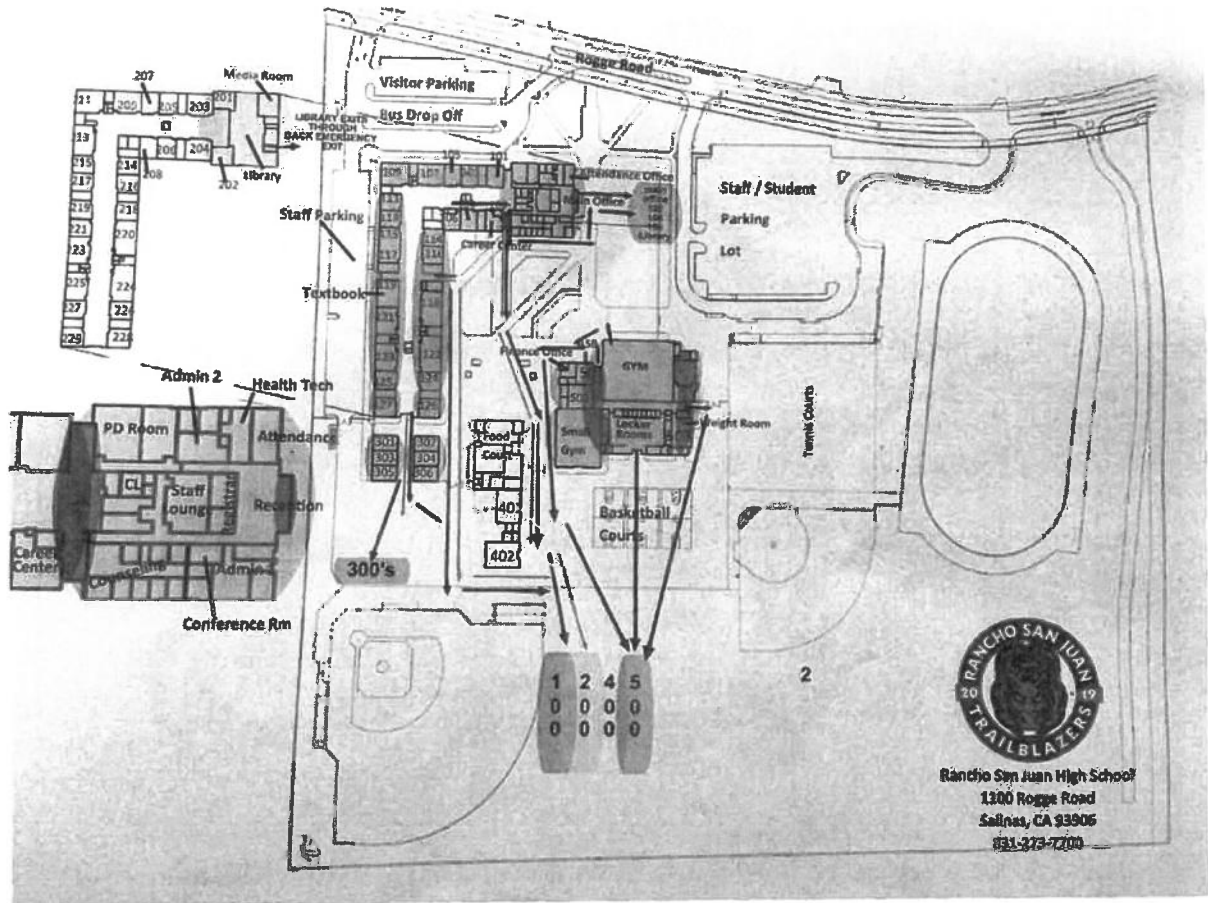


EXHIBIT C

COI from COUNTY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2021

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 have ADDITIONAL INSURED provisions or 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 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307 CN101357758-WC-8-8-22-23 SAJ,CA WC | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|-----------------|-----|--|-------|-------------|--|-------------|--|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER B : National Union Fire Ins. Co.</td> <td>19445</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : N/A | N/A | INSURER B : National Union Fire Ins. Co. | 19445 | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A : N/A | N/A | | | | | | | | | | | | | |
| INSURER B : National Union Fire Ins. Co. | 19445 | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | |
| INSURED PLANNED PARENTHOOD MAR MONTE, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 1605 THE ALAMEDA SAN JOSE, CA 95126 | | | | | | | | | | | | | | |

| | | |
|------------------|---|---------------------------|
| COVERAGES | CERTIFICATE NUMBER: NYC-009736705-22 | REVISION NUMBER: 2 |
|------------------|---|---------------------------|

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"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | | | | | | | GENERAL AGGREGATE | \$ | |
| | | | | | | | PRODUCTS - COMPI/OP AGG | \$ | |
| | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ | |
| | | | | | | | AGGREGATE | \$ | |
| | | | | | | | | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC 16433064 | 01/01/2022 | 01/01/2023 | X | PER STATUTE | |
| B | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A | | | WC 16433065 (CA) | 01/01/2022 | 01/01/2023 | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

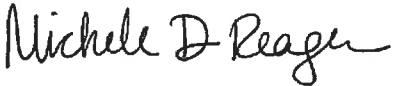
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF INSURANCE

| | |
|---|---|
| CERTIFICATE HOLDER NATIVIDAD MEDICAL CENTER CHIEF MEDICAL OFFICER PO BOX 81611 SALINAS, CA 93912 | 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 <i>Marsh USA Inc.</i> |
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CERTIFICATE OF COVERAGE

| | | | | | | | | | | | | |
|---|--------------------------|--|-------------------------|---|-------------|---------------|---------------------------------|-------------|---------------|------------------|---------|---------------|
| Named Member: Monterey County Administrative Offices 168 West Alisal St., 3rd Floor Salinas, CA 93901 | | This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due. | | | | | | | | | | |
| Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507 | | | | | | | | | | | | |
| Certificate Number | Effective Date | Expiration Date | Retroactive Date | | | | | | | | | |
| AL-22-333 | 07/01/2022 at 12:01 a.m. | 07/01/2023 at 12:01 a.m. | N/A | | | | | | | | | |
| Type of Coverage: <input checked="" type="checkbox"/> Automobile Liability and Physical Damage Coverage - Occurrence | | | | | | | | | | | | |
| Limits of Liability: \$1,000,000 Each Accident, Combined Single Limit The Combined Single Limit is subject to the following limits: <table border="0"> <tr> <td>Bodily Injury and Property Damage Liability</td> <td>\$1,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Uninsured/Underinsured Motorist</td> <td>\$1,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Medical Payments</td> <td>\$5,000</td> <td>Each Accident</td> </tr> </table> | | | | Bodily Injury and Property Damage Liability | \$1,000,000 | Each Accident | Uninsured/Underinsured Motorist | \$1,000,000 | Each Accident | Medical Payments | \$5,000 | Each Accident |
| Bodily Injury and Property Damage Liability | \$1,000,000 | Each Accident | | | | | | | | | | |
| Uninsured/Underinsured Motorist | \$1,000,000 | Each Accident | | | | | | | | | | |
| Medical Payments | \$5,000 | Each Accident | | | | | | | | | | |
| Deductible: <table border="0"> <tr> <td>Comprehensive:</td> <td>\$250</td> <td>Each Loss</td> </tr> <tr> <td>Collision:</td> <td>\$500</td> <td>Each Loss</td> </tr> </table> | | | | Comprehensive: | \$250 | Each Loss | Collision: | \$500 | Each Loss | | | |
| Comprehensive: | \$250 | Each Loss | | | | | | | | | | |
| Collision: | \$500 | Each Loss | | | | | | | | | | |
| Description of Coverage: Automobile Liability and Physical Damage Coverage - Occurrence | | | | | | | | | | | | |
| Issue Date: June 29, 2022 | | | | | | | | | | | | |
| Certificate Holder: FOR INFORMATION ONLY | | Authorized Representative:  Michele D. Reager, CPCU Senior Director of Underwriting | | | | | | | | | | |

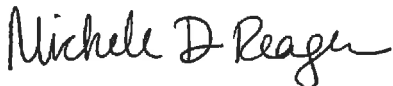


CERTIFICATE OF COVERAGE

| | | | |
|---|--------------------------|---|--------------------------|
| <p>Named Member: Monterey County Administrative Offices 168 West Alisal St., 3rd Floor Salinas, CA 93901</p> | | <p>This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.</p> | |
| <p>Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507</p> | | | |
| Certificate Number | Effective Date | Expiration Date | Retroactive Date |
| D&O-22-333 | 07/01/2022 at 12:01 a.m. | 07/01/2023 at 12:01 a.m. | 07/01/1989 at 12:01 a.m. |
| <p>Type of Coverage:</p> <p><input checked="" type="checkbox"/> Directors & Officers Liability - Claims Made</p> <p><input checked="" type="checkbox"/> Employment Practices Liability - Claims Made</p> | | <p>Limits of Liability:</p> <p>\$10,000,000 Per Claim</p> <p>\$10,000,000 Aggregate Per Contract Period</p> | |
| <p>Deductible:</p> <p>Coverage (A): \$0 each Claim</p> <p>Coverage (B) & (C): \$25,000 Each Claim Including Defense Expenses</p> <p>Coverage (D): \$75,000 Each Claim Including Defense Expenses</p> <p>Coverage (E): \$0 each Claim</p> | | | |
| <p>Description of Coverage:</p> <p>Evidence of Directors, Officers and Trustees Liability coverage including Healthcare Entity Coverage and Employment Practices Liability coverage</p> | | | |
| <p>Issue Date: June 29, 2022</p> | | | |
| <p>Certificate Holder: FOR INFORMATION ONLY</p> | | <p>Authorized Representative:</p> <p style="text-align: center;"><i>Michele D Reager</i></p> <p>Michele D. Reager, CPCU Senior Director of Underwriting</p> | |



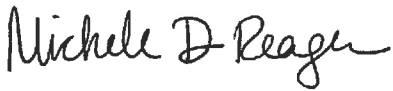
CERTIFICATE OF COVERAGE

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|---|--------------------------|--|---------------------------|
| Named Member: Monterey County Administrative Offices 168 West Alisal St., 3rd Floor Salinas, CA 93901 | | This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due. | |
| Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507 | | | |
| Certificate Number | Effective Date | Expiration Date | Retroactive Date * |
| HCL-22-333 | 07/01/2022 at 12:01 a.m. | 07/01/2023 at 12:01 a.m. | 07/01/2004 at 12:01 a.m. |
| Type of Coverage: <input checked="" type="checkbox"/> Professional Liability - Claims Made and Reported <input checked="" type="checkbox"/> General Liability - Occurrence | | | |
| Limits of Liability: \$1,000,000 Per Claim \$1,000,000 Aggregate Per Contract Period | | Deductible: \$5,000 Per Claim NONE Aggregate Per Contract Period | |
| Description of Coverage: Evidence of professional and general liability coverage is extended to Covered CA as a Supplemental Member. | | | |
| Issue Date: June 29, 2022 | | | |
| Certificate Holder: Covered CA | | Authorized Representative:  Michele D. Reager, CPCU Senior Director of Underwriting | |

* the retroactive date applies to claims made coverage only



CERTIFICATE OF COVERAGE

| | | | |
|---|--------------------------|--|---------------------------|
| Named Member: Monterey County Administrative Offices 168 West Alisal St., 3rd Floor Salinas, CA 93901 | | This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due. | |
| Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507 | | | |
| Certificate Number | Effective Date | Expiration Date | Retroactive Date * |
| HCL-22-333 | 07/01/2022 at 12:01 a.m. | 07/01/2023 at 12:01 a.m. | 07/01/2004 at 12:01 a.m. |
| Type of Coverage: <input checked="" type="checkbox"/> Professional Liability - Claims Made and Reported <input checked="" type="checkbox"/> General Liability - Occurrence | | | |
| Limits of Liability: \$20,000,000 Per Claim \$30,000,000 Aggregate Per Contract Period | | Deductible: \$5,000 Per Claim NONE Aggregate Per Contract Period | |
| Description of Coverage: Evidence of Healthcare Entity Professional Liability, Bodily Injury & Property Damage Liability, Personal Injury and Advertising Injury Liability, and Employee Benefit Liability coverage | | | |
| Issue Date: June 29, 2022 | | | |
| Certificate Holder: FOR INFORMATION ONLY | | Authorized Representative:  Michele D. Reager, CPCU Senior Director of Underwriting | |

* the retroactive date applies to claims made coverage only