Board Office Use: Legisla	ative File Info.
File ID Number 13-0	
Introduction Date 6	
Enactment Number	3- 1040 SCHOOL DISTRICT
Enactment Date	6/12/13 Committee Calculation Students
	Community Schools, Thriving Students
Memo	
То	The Board of Education
From	Tony Smith, Ph.D., Superintendent By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action Vernon Hal, Deputy Superintendent, Business & Operations
Board Meeting Date (To be completed by Procurement)	
Subject	Professional Services Contract - Kathleen Hogan Oakland CA (contractor, City State) 922/FSCP- Health&Wellness (site/department)
Action Requested	Ratification of a professional services contract between Oakland Unified School District and <u>Kathleen Hogan</u> . Services to be primarily provided to <u>922/FSCP- Health&Wellness</u> for the period of <u>03/05/2013</u> through <u>06/11/2013</u> .
Background A one paragraph explanation of why the consultant's services are needed.	Staff at Glenview Elementary have regularly reported both physical and mental stress related to work pressures. Mindfulness practices are proven methods to provide mental stress relief. Staff at Glenview Elementary serve 500 students daily and have over the two years suffered a reduction in support personnel, which has caused an increase in mental and emotional stress.
Discussion One paragraph summary of the scope of work.	Ratification by the Board of Education of a Professional Services Contract between the District and Kathleen Hogan, Oakland, CA, for the latter to provide mindfulness yoga classes offering a tool for stress management for the Family, School, and Community Partnerships Department for the period of March 6, 2013 through June 11, 2013, in an amount not to exceed \$896.00.
Recommendation	Ratification of professional services contract between Oakland Unified School District and Kathleen Hogan Services to be primarily provided to <u>922/FSCP- Health&Wellness</u> for the period of 03/05/2013 through <u>06/11/2013</u>
Fiscal Impact	Funding resource name (please spell out) Kaiser-H&W
Attachments	 Professional Services Contract including scope of work Fingerprint/Background Check Certification Commercial General Liability Insurance Certification TB screening documentation Statement of qualifications

slative File Info.
13-0864
6/12/13
13-1640
6/12/13



PROFESSIONAL SERVICES CONTRACT 2012-2013

This Agreement is entered into between the Oakland Unified School District (OUSD) and <u>Kathleen Hogan</u> (CONTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The parties agree as follows:

- 1. Services: The CONTRACTOR shall provide the ("Services" or "Work") as described in Exhibit "A," attached hereto and incorporated herein by reference.
- Terms: CONTRACTOR shall commence work on <u>03/05/2013</u>, or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$81,000 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$81,000, whichever is later. The work shall be completed no later than <u>06/11/2013</u>.
- Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to
 exceed <u>Eight hundred ninety six</u>
 Dollars (\$ 896.00
 Dollars (\$ 896.00
 Dollars (\$ and expenses incurred by Contractor including, but not limited
 to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.

OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: N/A

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.

The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay.

- 4. Submittal of Documents: CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:
 - 1. Individual consultants:
 - Tuberculosis Clearance Documentation from health care provider showing negative TB status within the last four years.
 - Completion of Pre-Consultant Screening Process Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year.

Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein.

2. Agencies or organizations:

Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein.

- 6. CONTRACTOR Qualifications / Performance of Services.

CONTRACTOR Qualifications. CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and,/or regulations, as they may apply.

Standard of Care. CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.

 Notices: All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

Professional Services Contract OUSD Representative

OUSD Representative:	CONTRACTOR:							
Name: Joanna Locke	Name: Kathleen Hogan							
Site /Dept.:922/FSCP- Health&Wellness	Title: Mindfulness Teacher							
Address: 746 Grand Avenue	Address: 4107 Maple Avenue							
Oakland, CA 94610	Oakland	CA 94602						
Phone: (510) 273-1578	Phone: (510) 225-8756							

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

8. Invoicing

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD.

- 1. Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
- 2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
 - i. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
 - ii. Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- 9. Status of Contractor: This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

10. Insurance:

- 1. Commercial General Liability Insurance: Unless specifically waived by OUSD, the following insurance is required:
 - i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

- CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.
- CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.
- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
- 11. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

Professional Services Contract

- 12. Assignment: The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
- 13. Anti-Discrimination. It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, the CONTRACTOR agrees to require like compliance by all its subcontractor(s). Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.
- 14. Drug-Free / Smoke Free Policy. No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs on these sites.
- 15. Indemnification: CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
- 16. Copyright/Trademark/Patent/Ownership. CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORs in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
- 17. Waiver: No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 18. Termination: OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- 19. **Conduct of Consultant.** CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8, which include:
 - 1. Tuberculosis Screening
 - 2. Fingerprinting of Employees and Agents. The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

Contractor	initial:	Att	_
			· · · · · · · · · · · · · · · · · · ·

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONSULTANT related persons, employee, representative or agent from an OUSD school site and, or property, CONSULTANT shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons.

- 20. No Rights in Third Parties. This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
- 21. OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors. OUSD may evaluate the CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
 - 1. Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 - 2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

Professional Services Contract

- 22. Limitation of OUSD Liability. Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
- 23. Confidentiality. The CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
- 24. Conflict of Interest. CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

- 25. Integration/Entire Agreement of Parties. This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 26. Litigation: This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 27. Contract Contingent on Governing Board Approval: The District shall not be bound by the terms of this Agreement until it has been formally approved by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.
- 28. Signature Authority: Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 29. Counterparts: This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 30. Incorporation of Recitals and Exhibits: The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 31. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded Parties List. (https://www.epls.gov/epls/search.do)

Summary of terms and compensation:

Anticipated start date: 03/05/2013

Work shall be completed by: 06/11/2013

Total Fee: \$896.00

OAKLAND UNIFIED SCHOOL DISTRICT

President, Board of Education Sugerifieden or Designee

SecretedgeroBrakesterWatton Secretary Board of Education

File ID Number: 13-0864
Introduction Date: 6/12/13
Enactment Number: 13-1040
Enactment Date: 6/12/13
By: OA

Rev. 4/11/12 v1

Contractor Signature

Kathleen Hogan Print Name, Title

CONTRACTOR

Mindfulness Teacher

Page 4 of 6

EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR'S entire Proposal is <u>not</u> made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED <u>WITHOUT</u> ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda - Must accurately align with scope of work below.

Ratification by the Board of Education of a Professional Services Contract between the District and Kathleen Hogan, Oakland, CA, for the latter to provide mindfulness yoga classes offering a tool for stress management for the Family, School, and Community Partnerships Department for the period of March 6, 2013 through June 11, 2013, in an amount not to exceed \$896.00.

SCOPE OF WORK

 Kathleen Hogan
 will provide a maximum of 14.00
 hours of services at a rate of \$64.00
 per hour for a

 total not to exceed \$896.00
 Services are anticipated to begin on 03/05/2013
 and end on 06/11/2013

1. Description of Services to be Provided: Provide a description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and what this Contractor will do.

The consultant will offer mindfulness classes to Glenview staff twice weekly for 30-45 minutes. These practices include body scans, progressive muscle relaxation techniques, breathing exercises, relaxation techniques, psycho-education information & review. Instruction and practice of journaling for stress relief. Additional goal of generalization of practices to student population.

2. Specific Outcomes: What are the expected outcomes from the services of this Contract? Be specific. For example, as a result of the service(s): 1) How many more Oakland children are graduating from high school? 2) How many more Oakland children are attending school 95% or more? 3) How many more students have meaningful internships and/or paying jobs? 4) How many more Oakland children have access to, and use, the health services they need? Provide details of program participation (Students will...) and measurable outcomes (Participants will be able to...). NOT THE GOALS OF THE SITE OR DEPARTMENT.

As a result of the services provided to Glenview Elementary, staff will have access to mindfulness-based stress reduction techniques that will help them better serve their students, parents, and coworkers. Participants will be able to apply these stress reduction techniques within any classroom setting, preparing students to succeed in day-to-day tasks and testing, as well as preparing these young students to address inner and outer adversity from a centered point of mind-body awareness. As a result of the services provided, staff will model a healthy and active lifestyle and be further equipped to address the special needs of the student body.

3. Alignment with District Strategic Plan: Indicate the goals and visions supported by the services of this contract: (Check all that apply.)

Ensure a high quality instructional core

Develop social, emotional and physical health

Create equitable opportunities for learning

High quality and effective instruction

Prepare students for success in college and careers
 Safe, healthy and supportive schools
 Accountable for quality

Full service community district

Professional Services Contract

4.	Alignment with Single Plan for Student Achievement (required if using State or Federal Funds)
	Please select:
	Action Item included in Board Approved SPSA (no additional documentation required) – Action Item Number:
	Action Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off.
	1 Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified" modification

- Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified", modification date, school site name, both principal and school site council chair initials and date.
- 2. Meeting announcement for meeting in which the SPSA modification was approved.
- 3. Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.
- 4. Sign-in sheet for meeting in which the SPSA modification was approved.

HOE & ASSOC INS SVCS/PHS 01169 P: (866)467-8730 F: (877)905-0457 Image: Construct on the state of the	ACORD CER	TIF	IC.	AT	EC	F LIAE		SURA	NCE		IMM/00/YYYY
the terms and conditions of the policy, certain policiae may require an endorsement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to conficate holdersement. A statement on this certificate does not confer rights to confide the conference holdersement. A statement on this certificate does not confer rights to confide the confidence holdersement. A statement on this certificate holdersement. A statement on this certificate does not confer rights to confidence holdersement. A statement on this certificate holdersement is does not confer rights to confidence holdersement. A statement on the certificate holdersement is does not confer rights to confidence holdersement is does not confer rights to confidence holdersement. A statement on the non-confidence holdersement is does not confer rights to confidence holderse	CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN	TIVEL SURA	Y OF	DOE	ATIVE	LY AMEND,	EXTEND OR A	LTER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
ODUCEN CONTRACT HOE & ASSOC INS SVCS/PHS FACE ASSOC INS SVCS/PHS 01169 P: (866) 467-8730 F: (877) 905-0457 FACE ASSOC INS SVCS/PHS AN ANTONIO TX 78265 Instant Association (866) 467-8730 SUMED Instant Association (867) 467-8730 AN ANTONIO TX 78265 Instant Association (867) 467-8730 SUMED Instant Association (867) 467-8730 ATHLEEN HOGAN Instant Association (866) 467-8730 ATHLEEN HOGAN Instant Association (867) 4602 ARKLAND CA 94602 Instant Association (860) 460 UNREASE CERTIFICATE NUMBER: INSURER 1: Instant THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISOLED TO THE INSURE ANAMED ABOVE FOR THE POLICY MART THE SOLATED NOTHER SUBJECT TO ALL THE TERMEDIANCE AFFORDED BY THE POLICIES DESIDED HEREN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICY MART THE SOLATED TO THE INSURANCE AFFORDED BY THE POLICY DESTINES INSURER 1: INSURER 1: INSURER 1: INSURER 2: POLICY MART THE SOLATED TO THE INSURANCE AFFORDED BY THE POLICY DESTINES INSURER 3: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1	the terms and conditions of the polic	y, cen	tain p	olicie							
HOE & ASSOC INS SVCS/PHS OIL69 P: (860) 467-8730 F: (877) 905-0457 AN ANTONIO TX 78265 NEUREREL (866) 467-8730 [Add_Net (877) 905- OBOX 33015 AN ANTONIO TX 78265 NEUREREL APPORDING COVERAGE NAM SUBJECT 1000000000000000000000000000000000000	RODUCER	orsem	entis	s).			CONTACT		V PROVINCIÓN CONTRACTOR O		
01169 P: (866) 467-8730 F: (877) 905-0457 Induction Control of the control of th	KHOE & ASSOC INS SVCS	S/PH	IS				PHONE CO	CC) 4 CZ 07	A I FAX	1075	7) 00E 0
O DUA 33013 PRODUCT CONTRACTOR NEURINE ALSON CONTRACTOR NEURINE ALSON CONTRACTOR Sumero INSUMERA 3: Sent Inel Ins Co LTD Insumera 3: Sent Inel Ins Co LTD Insumera 3: Sent Inel Ins Co LTD ATTHLEEN HOGAN INSURE 0: INSURA 0: INSUR 0: INSUR 0: INSUR 0: INSUR 0: INSUR 0: INSUR 0: INS	L01169 P: (866) 467-873	O F	7: ()	877	905	5-0457	E-MAIL	00/40/-8/	3U (A/C, N): (0/	1905-04
NUMBERIAL LIAB INSURER A: Sentinel Insurero NAM Sturero INSURER A: Sentinel Insurero Insurero ATTHLEEN HOGAN INSURER B: Insurero ATTHLEEN HOGAN INSURER C: Insurero AKLAND CA 94602 INSURER C: Insurero OVERAGES CERTIFICATE NUMBER: INSURER C: INSURER C. INSURER C: INSURER C: OVERAGES CERTIFICATE NUMBER: INSURER C: CERTIFICATE NUMBER: INSURER C: INSURER C: INSURER C. INSURER C: INSURER C: COVERAGES CERTIFICATE NUMBER: INSURER C: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: INSURER C: INSURER C: INSURER C: INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH I INTRO FOR DOTATION OF SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADICY PKP LIMITS INTRO FOR DUBLIANT FORCEV REV INTRO FOR DUBLIANT INTRO FOR DUBLIANT FORCEV NUMBER 1,000, C GENERAL LABRITY FORCEV RUMPER 1,000, C INSURER LIABLITY INTRO FOR DUBLIANT 1,000, C GENERAL LABRITY ST SBM DOG075 05/21/2012	PO BOX 33015						ADDRESS: PRODUCER		~~		
SUMED ATTHLEEN HOGAN INSUMER A : SONTINELING COLTD ATHLEEN HOGAN INSUMER A : SONTINELING COLTD INSUMER A : SONTINELING AKLAND CA 94602 INSUMER A : SONTINELING AKLAND CA 94602 INSUMER E : INS	SAN ANTONIO TX 78265						CUSTOMERID #:				1
ATHLEEN HOGAN AT	Suero							V10			NAIC #
ATTHLEEN HOGAN IOT MAPLE AVE AKLAND CA 94602 INSURER C: INSURER C. INSURER C: INSURE C. INSURER C: INSURER C: INSURE C. INSURER C: INSURE C. INSUR								tinel Ins	CO LTD	~~~	
10 / MAPLE AVE AKLAND CA 94602 INSURER 5: OVERAGES CERTIFICATE NUMBER: INSURER 5: OVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE ABOVE FOR THE POLICY PERCENTING AND CONDITIONS OF SUCH POLICIES. INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER SECULIENDS OF SUCH POLICIES. UNANT HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER SECULIES AND CONDITIONS OF SUCH POLICIES. UNANT HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER SECULIENDS OF SUCH POLICIES. UNANT HAVE BEEN REDUCED BY THE POLICY BY MANDON MAY HAVE BEEN REDUCED BY THE POLICY BY MANDON MAY HAVE BEEN REDUCED BY THE POLICY INTO ALL THE TER SECULIES AND CONTRACT OF RETURE \$1,000,0 WERCHAIL LIABILITY IMMINIONTYNYI IMMINIONTYNYI IMMINIONTYNYI GENERAL LABULTY INSPECT 1 10,000,0 LIAMIS MADE X GOREGATE LIMIT APPLIES PER: \$2,000,0 PRUCY INSPECT 1 10,000,0 GENERAL LABULTY 57 SBM DO6075 05/21/2012 05/21/2013 PERSONAL & ADV INJURY (PER accident) ANTOMOBILE LIAMIT APPLIES PER: FOLDY FRUCHART AND FRUCH TER SECTION S 57 SBM DO6075 05/21/2012 05/21/2013 FORDERTY OAMADE MONORYNY MED AUTOS SCHEDULED AUTOS 57 SBM DO6075 05/21/201	ATHLEEN HOGAN									-	
ALCARIND CA 94002 INSURER F: INSURER F: OVERAGES CERTIFICATE NUMBER: INSURAR F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURATE ON OTHER DOLUMENT WITH RESPECT TO WHICH T INSURATED. CRIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE CAREFORED BY THE POLICIES CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TER INSURATED OR MAY PERTAIN, THE INSURANCE CAREFORED BY PAID CLAIMS. Image: transmission of the insurance in	107 MAPLE AVE						INSURER C :				
OVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERFINITION OF ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TERTIFICATE MAY BE ISSUED ON MAY PENTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PLOUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PLOUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PLOUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PLOUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONTROL OF ANY PENTIFIC POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PLOUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH AUXIES SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER POLICY EFF INSURANCE IS 1,000,0 GENERAL LAGRICUES DESCRIPTION IN ANY HAVE BEEN REDUCED BY THE POLICIES DESCRIPTION IS 10,000,0 GENERAL LAGRICUES PERFI POLICY MARKED AUTOS ST SBM DOG 075 05/21/2012 05/21/2013 PERSONAL & ADV INJURY (Per remon) & BODILY INJURY (PER COLUMENT IS ANY PROPRISE LABELLA LINE PROPERTY ONNAGE IS ST SBM DOG 075 05/21/2012 05/21/2013 EACH OCCURRENCE IS A ACREACE OF	AKLAND CA 94602						INSURER D :	~~			
OVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PER INDICATED. NOTWITH STANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS ADD CONTINUES ADD CONTROL OF THE DUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EACH OCCURRENCE IS 1,000,0 MANDOWNED AUTOS SCHEDULED AUTOS AND AVAUTO ALL OWNED AUTOS SCHEDULED AUTOS MAY AUTO ALL OWNED AUTOS MAY AUTO AUTO AUTO AUTOS MAY AUTO AUTO AUTO AUTOS MAY AUTO AUTO AUTO AUTOS MAY AUTO AUTOS MAY AUTO AUTO AUTO AUTOS MAY A							INSURER E :	w			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER- INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE SUBLED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCREDE HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDIS, UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDIS, UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CALMMSMADE X OCCUR X GETLETAIL LIABILITY GENERAL LIABILITY GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CALMMSMADE X OCCUR X GETLETAIL LIABILITY CALMMSMADE X OCCUR ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED COLURE & ST. SBM DOG 075 05/21/2012 05/21/2012 05/21/2013 00	01/504.050				- Pho		INSURER F :				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE INDEXTING ANY PERTAIN THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. GENERAL LIABILITY UNITS CONTINUES IN THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER GENERAL LIABILITY UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. GENERAL LIABILITY UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CONTRACT OR OTHER TO RENTED AUTOMOBILE LIABILITY INTERPRETE SPER. POLICY						D. DEL CAMELLA					
B TYPE OF INBURANCE INDER WYD POLICY NUMBER (MM/DD/YYY) MM/DD/YYY) LIMTS GENERAL LIABILITY GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,0 COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY \$ 1,000,00 X General Liab X 57 SBM D06075 05/21/2012 05/21/2013 PERSONAL & ADV INJURY \$ 1,000,0 GEN'L AGGREGATE LIMIT APPLIES PER: 0 05/21/2012 05/21/2012 05/21/2013 PERSONAL & ADV INJURY \$ 1,000,0 GEN'L AGGREGATE LIMIT APPLIES PER: 0	INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	REME FAIN, CIES.	NT, TI THE I LIMITS	ERM OF	R CONDITION	OF ANY CONTRA ED BY THE POLI BEEN REDUCED (CT OR OTHER CIES DESCRIBEI	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH TH
COMMERCIAL GENERAL LUBILITY Image: converse imag	TYPE OF INSURANCE				POL	ICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	ITS	
CLAIMS-MADE X 57 SBM DO6075 05/21/2012 05/21/2013 MED EXP (Any one percent) \$ 10,000,0 GEN"L AGGREGATE LIMIT APPLIES PER:	GENERAL LIABILITY								EACH OCCURRENCE		
X General Liab X 57 SBM D06075 05/21/2012 05/21/2013 PERSONAL & ADV INJURY * 1,000,0 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROTECT X 1,000,0 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROTECT X 05/21/2012 05/21/2013 PERSONAL & ADV INJURY * 1,000,0 AUTOMOBILE LABILITY ANY AUTO ALL OWNED AUTOS 0 0 0 ALL OWNED AUTOS SCHEDULED AUTOS 57 SBM D06075 05/21/2012 05/21/2013 05/21/2013 PROPERTY DAMAGE 0 X NON-OWNED AUTOS 57 SBM D06075 05/21/2012 05/21/2013 05/21/2013 PROPERTY DAMAGE 0 WORKERS COMPRISATION S 57 SBM D06075 05/21/2012 05/21/2013 05/21/2013 9 05/21/2013 0<									PREMISES (Es occurrence)	\$1,	000,00
X General Liab X 57 SBM D06075 05/21/2012 05/21/2013 PERSONAL & ADV INJURY \$ 1,000,0 GEN"L AGGREGATE LIMIT APPLIES PER:									MED EXP (Any one person)	\$ 10	,000
SERV'L AGGREGATE LIMIT APPLIES PER: PROUCTS - COMP/OP AGG \$ 2,000,0 POUCY PROPERT X LOC AUTOMOBILE LIAGILITY \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS \$ X HIRED AUTOS \$ X NON-OWNED AUTOS \$ Y NON-OWNED AUTOS \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTBLE \$ MORKERS COMPRISATION \$ \$ WORKERS COMPRISATION \$ \$ WORKERMEMBEREXCUTIVE N / A If yee, decide of Company in NH \$	X General Liab	X		57	SBM	DO6075	05/21/2012	05/21/2013	PERSONAL & ADV INJURY	\$ 1,	000,00
POUCY PRO- PRO- AUTOMOBILE LIAGILITY									GENERAL AGGREGATE	\$2,	000,00
AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY 9 1,000,0 ANY AUTO ALL OWNED AUTOS 9 1,000,0 ALL OWNED AUTOS SCHEDULED AUTOS 9 SCHEDULED AUTOS SCHEDULED AUTOS 9 X HIRED AUTOS S7 SBM DO6075 05/21/2012 05/21/2013 PROPERTY DAMAGE \$ WORKERS LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DEDUCTIBLE \$ \$ RETENTION \$ Y/N N/A ANY PROPRIETOR/RATION N/A If yee, decide under N/A							1		PRODUCTS - COMP/OP AGO	\$2,	000,00
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS X HIRED AUTOS MON-OWNED AUTOS SCHEDULED AUTOS	POLICY PRO- X LOC									\$	
ANY ACTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS X HIRED AUTOS MON-OWNED AUTOS ST SBM DO6075 O5/21/2012 O5/21/2012 O5/21/2012 O5/21/2012 O5/21/2012 O5/21/2012 O5/21/2013 BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) S S S S S S S S S S S S S	AUTOMOBILE LIABILITY							1		10 7	000 00
ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS 05/21/2012 05/21/2013 PROPERTY DAMAGE S X NON-OWNED AUTOS 05/21/2012 05/21/2013 SCHEDULED AUTOS S VMBRELLA LIAB OCCUR S S S S UMBRELLA LIAB OCCUR S S S S DEOUCTIBLE S S S S S WORKERS COMPENSATION ANY PROPERTY COMPENSATION ANY PROPERTY COMPENSION N/A S S S VORKERS COMPENSENTION ANY PROPERTY COMPENSION N/A N/A S S S If yee, describe under N/A N/A S S S S	ANY AUTO									(<u>L</u> ,	000,00
SCHEDULED AUTOS ST SBM DO6075 05/21/2012 05/21/2013 PROPERTY DAMAGE \$ X NON-OWNED AUTOS \$ \$ \$ \$ \$ VMBRELLA LIAB OCCUR \$ \$ \$ \$ \$ UMBRELLA LIAB OCCUR \$ \$ \$ \$ \$ \$ DEDUCTIBLE CLAIMS-MADE \$ <	ALL OWNED AUTOS									\$	
X HIRED AUTOS 57 SBM DOS075 05/21/2012 05/21/2013 (Per accident) 3 X NON-OWNED AUTOS 5 5 5 5 UMBRELLA LIAB OCCUR 5 5 5 EXCESS LIAB CLAIMS-MADE 5 5 DEDUCTIBLE 3 5 5 RETENTION 4 5 5 5 WORKERS COMPENSATION AND EMPLOYERS' LIABUITY AND EMPLOYERS' LIABUITY OFFICER/MEMBER EXCLUDED? Y/N (Mandetory in NH) N/A If yee, describe under N/A N/A 5	SCHEDULED AUTOS									3	
X NON-OWNED AUTOS \$ UMBRELLA LIAB OCCUR \$ EXCEPS LIAB CLAIMS-MADE \$ DEDUCTIBLE \$ \$ RETENTION \$ \$ \$ WORKERS COMPENSATION \$ \$ AND EMPLOYERS' LIABILITY Y/N \$ ANY PROPRIETOR/PARTNER/EXECUTIVE N / A \$ OFFICER/MEMBER EXCLUDED? N / A \$ (Mandatory in NH) [1 yee, describe under \$	X HIRED AUTOS			57	SBM	DO6075	05/21/2012	05/21/2013		\$	
UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DEDUCTIBLE \$ \$ \$ METENTION \$ \$ \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABUITY AND EMPLOYERS' LIABUITY OFFICER/MEMBER EXCLUDED? Y/N N/A N/A \$ UMBRELLA LIAB \$ \$ \$ \$ URGENES COMPENSATION AND EMPLOYERS' LIABUITY OFFICER/MEMBER EXCLUDED? Y/N N/A N/A \$ DEFICER/MEMBER EXCLUDED? N/A \$ \$ UMBRELLA LIAB N/A \$ \$ DESCRIPTION \$ \$ \$ COPRIETOR/PARTNER/EXECUTIVE N/A \$ \$ DESCRIPTION \$ \$ \$ DESCRIPTION \$ \$ \$ OFFICER/MEMBER EXCLUDED? \$ \$ \$ (Mandetory in NH) [1 yee, descripte under \$ \$ E.L. DISEASE - EA EMPLOYEE \$ \$ \$ \$										\$	
EXCESS LIAB OCCONT EXCESS LIAB CLAIMS-MADE DEDUCTIBLE AGGREGATE RETENTION \$ \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABULITY Y/N AND EMPLOYERS' LIABULITY Y/N OFFICER/MEMBER EXCLUDED? N/A (Mandetory in NH) E.L. EACH ACCIDENT [] Yee, describe under \$									n	\$	
EXCESS LIAB CLAIMS-MADE DEOUCTIBLE \$ RETENTION \$ \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABULTY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) E.L. EACH ACCIDENT [f yes, describe under \$	UMBRELLA LIAB OCCUR	+			_				FACH OCCUPBENCE	8	
DEQUICTIBLE 3 RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) E.L. EACH ACCIDENT [f yes, describe under \$	AVOEDO HAD										
RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABULTY WC STATU- IORY LIMITS OTH- ER ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? N / A DEFICER/MEMBER EXCLUDED? N / A [If yee, describe under \$									Hasheshie		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORYAATINER(EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatoly in NH) E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$			1							m	
ANY PROPRIETOR/PARTNER/EXECUTIVE	WORKERS COMPENSATION								WC STATU- 1 OTH	1	
OFFICER/MEMBER EXCLUDED?	ANY PROPRIETOR/PARTNER/EXECUTIVE									10	
If yes, describe under	OFFICER/MEMBER EXCLUDED?	N/A									
CLUDISEASE - POLICY LIMIT &	If ves, describe under									1	
	OCOUNT IN OF OPENATIONS DELOW						-		C.L. DISEASE - POLICY LIMIT	6	
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									1	
	RTIFICATE HOLDER						CANCELLATION				
RTIFICATE HOLDER CANCELLATION		l D:	ist	ric	t		BEFORE THE E	ACCORDANC	ATE THEREOF, NOTIC	E WILL	BE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							la	z. 1	allon		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	AKLAND, CA 94602						la	2 /	alloy		

Search Results

Current Search Terms: kathleen* Hogan*

No records found for current search.

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.863.20130412-1616





Community Schools, Thriving Students PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2012-2013

	Addi	tional directi	ons and	related doc	Basic uments are in th	Directio		ons Lib	rary (http:/	Vintranet ousd l	k12 ca us)
Attac Chec OUSI	Serv. Contracto C. Ensure co C. Ensure co C. Ensure co C. Ensure co C. Ensure co Mithin 2 of Mithin 2 of Mithin 2	vices canno ir and OUSD ntractor mee ir and OUSD weeks of crea For individu For individu For All Con: For All Con: For All Con: For All Con: t Emails about	t be pro contract contract ating the al consu al consu sultants: sultants: sultants nut this co	vided until originator (originator c requisition t iltants: HRS iltants: Pro- Results pa Statement Proof of Co with employ	the contract is principal or managed <u>uirements</u> (includ omplete the contra- the OUSD contract SS Pre-Consultant of of negative tub ge of the Exclude of qualifications ommercial Gener	fully app er) reach ing The Ex- ract packe ct originat nt Screer berculosis ed Party I (organiza ral Liabilit /orkers' C 0 Sheila	agreeme kcluded F t togeth or submi ing Letta status v List (<u>http</u> tion); or y insurar ompens a.clark@ nation	and a P nt about Party List er and of ts comp er for th within p s://www resume nce nan ation Ir ousd.k	Purchase C t scope of u st, Insurand attach requi- olete contro ne current t ast 4 year w.epls.gov/ e (individua ming OUSI nsurance. (12.ca.us	Order has been work and compet- ce and HRSS Co- ired attachment act packet for a fiscal year. s. (epls/search.dc al consultant). D as an Additic (Ref. to Section	n issued. nsation. nsultant Verification) ts. pproval to Procurement. 2)
	t Address		aple Ave	enue		City	Oaklan		oga teach	State CA	Zip 94602
	phone		25-8756			Email (r	equired)	kdho	gan@gmai	l.com	
Contractor History Previously been an OUSD contractor? 🗌 Yes 🔳 No Worked as an OUSD employee? 🗌 Yes 🔳 No											
		Co	mpens	ation and	Terms – Must	be with	in the G	OUSD	Billing G	uidelines	
Antic	ipated start d			05/2013	Date work will e		06/11/	-		Expenses	\$
Pay Rate Per Hour (required) \$64.00 Number of Hours (required) 14.00								-		-	
Budget Information											
Budget Information If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office <u>before</u> completing requisition.											
Resource # Resource Name Org Key Object Code Amount											
	9225	Kaiser-H				1211220		-		5825	\$ 896.00
-								5825	\$		
								5825	\$		
Requisition No. (required) R0315511 Total Contract Amo							Amount	0020	\$ 896.00		
N	equisition	NO. (required)	RUJ		val and Routing			_			\$ 890.00
Ser				ontract is full serv	y approved and a l	Purchase (vided befor	Order is is e a PO w	ssued. /as issu	Signing this ed.		s that to your knowledge .gov/epis/search.do)
								Phone	(510) 273-15		
1.	1. Site / Department 922/FSCP- Health&Wellness								Fax	(510) 273-15	511
	Signature		hos	7				Date	Approved	4/11/	<u>B</u>
			-								Community Partnerships
2.	Scope of work indicates compliant use of restricted resource and is in alignment with school site plan									PSA)	
	Signature Date Approved									-	
	Signature (if using multiple restricted resources) Date Approve							Approved			
3.	Regional Exe	escribed in the	scope o	f work align v	with needs of depart	rtment or s	chool site	9		· · · · · · · · · · · · · · · · · · ·	
	Signature	is qualified to		A C	au R	S		Date	Approved	4.13.15	3
	* (rintendent In			nip / Deputy Super	rintenden	Busines				te Under , Over \$50,000
4.	Signature	Ma	{	Dan	tes ()		1	Approved	5-9-	-13
5.	Superintend			on Signature	on the legal contr	act					4
Lega	I Required if n	ot using stand	lard contr	ract Ap	proved		Denied -	Reason		~~~~	Date
Proc	urement [Date Received					PO Numi	ber		01010	204
										2 the second range for me	the second s

THIS FORM IS NOT A CONTRACT