	Board Office Use: Legisla File ID Number	
	Introduction Date	1-0593 OAKLAND UNIFIED
	Enactment Number	SCHOOL DISTRICT
L	Enactment Date	Community Schools, Thriving Students
	Memo	
	То	The Board of Education
	From	Gary Yee, Ph.D., Superintendent By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action
	1.01.1.1.1.1.1	Vernon Hal, Deputy Superintendent, Business & Operations
	Board Meeting Date (To be completed by Procurement)	
	Subject	Professional Services Contract - <u>Friendly Transportation, Inc., Oakland, CA</u> (contractor, City State) <u>Programs for Exceptional Children</u> (site/department)
	Action Requested	Approval of a professional services contract between Oakland Unified School District and <u>Friendly Transportation, Inc.</u> . Services to be primarily provided to <u>Programs for Exceptional Children</u> for the period of <u>07/01/2013</u> through <u>06/30/2015</u> .
	Background A one paragraph explanation of why the consultant's services are needed.	Some students' Free and Appropriate Public Education requires accessing special education services/programs in another district. In these cases, the district of residence is responsible for transporting students to the recommended school sile. The District's contract with the school bus company only covers transport to schools within the Oakland Unified School District. A contract with a company that provides an
	Discussion One paragraph summary of the scope of work.	A contract for services between OUSD and Friendly Transportation, Inc., Oakland, CA, for the latter to provide transportation services as requested by the District each school day to follow school calendar. Friendly Transportation, Inc.uses reasonable efforts to coordinate transportation of students including the pick up and drop off times and locations during each school day to ensure that the student will arrive to school and home
	Recommendation	Approval of professional services contract between Oakland Unified School District and <u>Friendly Transportation, Inc.</u>
	Fiscal Impact	Funding resource name (please spell out) Special Education Special Education not to exceed \$ 200000
	Attachments	 Professional Services Contract including scope of work Fingerprint/Background Check Certification Commercial General Liability Insurance Certification TB screening documentation Statement of qualifications

page 1

Independent Contractor Agreement for the Provision of Transportation Services

THIS INDEPENDENT CONTRACTOR AGREEMENT ("Agreement") is entered into as of July 1, 2013 between Friendly Transportation, Inc. ("Contractor") and Oakland Unified School District (the "District"), with the following facts.

- A. Certain student(s) of the District require transportation to and from school and/or other transportation services as requested by the District.
- B. The District will reimburse the Contractor for the provision of such services, in accordance with the terms and provisions of this Agreement.

NOW THEREFORE, for a valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Contractor Services

District may request, from time to time, that Contractor perform transportation services, which Contractor may agree to perform. To the extent accepted by Contractor, Contractor agrees to provide such transportation services and District agrees to pay Contractor in accordance with the provisions of this Agreement. The Contractor's services provided pursuant to this Agreement are sometimes referred to herein as the "Services."

2. Term

There term of this agreement shall commence on July 1, 2013, and shall terminate June 30, 2015. With the possibility of extending yearly agreed upon by both parties.

3. Fees for Services

The Contractor shall be paid the agreed sum based on fees outline on Attachment 1. The Contractor shall invoice the District for the provision of the Services on a monthly basis and shall be paid therefore within thirty (30) days after the District's receipt of the Contractor's invoice for the provision of the Services for the relevant month.

4. Vehicles

The Contractor agrees to supply, at its sole cost and expense, such vehicles, (the "Vehicles") as may be necessary to lawfully perform the Services. All such Vehicles shall fully comply with all applicable laws and regulations. The Contractor shall be solely responsible for all Vehicles used in transporting students.

5. Accidents or Emergencies

Contractor shall require that its employees and/or independent contractors or agents to notify CONTRACTOR'S dispatcher by phone or radio in the event of any traffic accident or medical emergency that involves a vehicle used in the performance of this Agreement. CONTRACTOR'S

dispatcher shall promptly advise the appropriate authorities, parent/guardian (or emergency contact if parent/guardian is not available), and Oakland Unified designee of the accident or emergency. OUSD Designee:

Mary Conner, Special Education Coordinator Phone: 510-874-3732 Email: mary.conner@ousd.k12.ca.us

Robin Sasada, Special Education SELPA Program Manager Phone: 510-874-3702 Email: <u>robin.sasada@ousd.k12.ca.us</u>

6. Contractors Personnel

The Contractor shall, at its sole cost and expense, provide qualified and properly licensed personnel as required by laws and regulations and as deemed appropriate by the Contractor to perform the Services. While Contractor may use independent contractor drivers to provide Services under this Agreement, Contractor shall at all times remain responsible for the provision of Services under this Agreement. The Contractor expressly represents and warrants to the District that its personnel, including independent contractor drivers, are trained, tested and properly licensed to perform the Services.

7. Contractors Insurance

The Contractor shall at its sole cost and expense obtain and maintain in full force and effect during the term of this agreement general liability and automobile (common carrier) insurance issued by carrier(s) admitted in California, with minimum primary limits of One Million Dollars (\$1,000,000).

Additionally, the Contractor shall, at its sole cost and expense, obtain and maintain in full force and effect during the term of this agreement, umbrella or excess insurance coverage in an amount not less than Five Million Dollars (\$5,000,000), following the form of the underlying coverage.

The District shall be named as an additional insured party of the policy or policies, and shall be furnished with a certificate of insurance (COI) requiring notice to District of at least thirty (30) days prior to cancellation of any such policy or policies (except 10 days for non-payment).

8. 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 contact with OUSD pupils in providing services to the District under this Agreement. Contractor shall not permit its employees or agents to come into contact with students until CDOJ and FBI clearance is ascertained.

9. Health and Safety (Tuberculosis Testing)

The Contractor shall require that all independent contractor drivers and other individuals who may come in contact with student(s) provide verification of having been tested for tuberculosis (TB) and cleared to work with students, as evidenced by a state licensed medical doctor's signature. The Contractor shall keep a copy of said information in the independent contractor driver or employee file.

10.Drug-Free / Smoke Free Policy

Contractor understands that OUSD does not permit drugs, alcohol, and/or smoking at any time in any buildings and/or grounds on OUSD property. Contractor shall not permit its employees, independent contractors or agents to smoke in vehicles used to transport OUSD students and will adhere to OUSD's drug free/smoke free policy. Contractor shall take reasonable steps to prevent its employees from exposing any pupil to impropriety of word or conduct. Contractor shall require that drivers comply with all safety laws and regulations, including but not limited to the prohibition against driving while under the influence of drugs or alcohol. Such prohibition shall extend to the use of prescription and non-prescription drugs that impair the safe operation of the vehicle.

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11.Drug and Alcohol Testing

The Contractor shall require that all employees and independent contractor drivers and other individuals who may come in contact with student(s) shall be subjected to pre-employment or precontract, just cause and on-going random drug and alcohol testing in accordance with the requirements of federal law. Contractor agrees to immediately dismiss any employee or independent contractor driver who tested positive for drugs or alcohol in violation of applicable law, rule or regulation.

12. Non-Discrimination

Consistent with the policy of OUSD in connection with all work performed under Contracts, 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. 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, Contractor agrees to require like compliance by all its subcontractor(s). Contractor agrees to comply with applicable Federal and California laws prohibiting discrimination against students.

13.Assignment of Contractor's Rights

Except as it relates to the hiring of independent contractor drivers, the Contractor shall have no right to assign its rights or obligations under this Agreement, it being understood that this is a personal services agreement.

14.Indemnity of the District

The Contractor hereby agrees to indemnify defend and hold the District, its Board Members, employees, agents, officers and assigns, free and harmless from and against all claims, causes of action, liabilities, damages, expenses and costs (including, but not limited to, attorney fees and court costs) arising out of (a) any injury to any person or property sustained by the District and/or Contractor and/or any student(s), in connection with the provision of the Services, however caused, and (b) any injury to any person or property sustained by any person or entity which is caused or alleged to be caused by any act, neglect, fault or omission on the part of the Contractor in connection with the provisions of the Services, whether or not said injury or damage occurs on or off District property.

15.Independent Contractor

In providing the Services, the Contractor shall be and act as an independent contractor in all respects and shall not, for any purpose hereunder, be or act as an employee or agent of the District. Nothing contained in this Agreement shall be deemed to create a partnership or joint venture between either of the parties to this Agreement with each other. The Contractor understands and agrees that as an independent contractor, it will not be eligible to participate in any benefits or privileges given or extended by the District to its employees. The Contractor shall be solely responsible for the payment when due to appropriate taxing authorities of all federal and state income taxes and related obligations of any nature whatsoever on any consideration paid pursuant to this Agreement, as well as any interest, penalties or other sums due thereon and shall indemnify, defend and hold the District, its Board Members, Officers, employees and agents free and harmless therefrom.

16. Non-Solicitation

District agrees during the term of this Agreement and for a period of twelve (12) months following the termination of this Agreement, District will not, directly or indirectly, or by acting in concert with others, employ, attempt to employ, or solicit for employment, any employee, independent contractor or other person who has performed services for Contractor during the one (1) year period preceding the date of this agreement and thereafter.

17.Notices

All notices or other communication required or permitted hereunder shall be in writing, and shall be personally delivered (including by means of professional messenger service) or sent by registered or certified mail, postage prepaid, return receipt requested, or by facsimile or email transmission followed by delivery of a "hard" copy, and shall be deemed received upon the date of receipt thereof.

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To District: Transportation Coordinator Oakland Unified School District 2850 West Street, Oakland, CA 94608 To Contractor: Friendly Transportation, Inc.

Friendly Transportation, Inc 4849 E. 12th Street Oakland, CA 94601

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Notice of change of address shall be given by written notice in the manner detailed in this paragraph

18.Entire Agreement

This Agreement and the attached proposal constitute its entire Agreement between the parties with respect to the provision of the Service and may not be amended except by a writing signed by each of the parties.

19.Waivers

The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent of breach of this Agreement.

20.Severability

In the event any of the provisions, or portions, or portions thereof, of this Agreement is held to be unenforceable or invalid, by any court of competent jurisdiction, the validity and enforceability of the remaining provision or portion of it shall not be affected.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The District 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 Contractor according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, verifies that this vendor does not appear on the Excluded Parties List. <u>https://www.sam.gov/portal/public/SAM</u>

21. Further Acts

Each party shall perform any further acts and sign and deliver any further documents that are reasonably necessary to carry out the provisions of this Agreement.

22.Counterparts

This Agreement may be signed in one (1) or more counterparts, each of which shall constitute an original but all of which together shall be one (1) and the same document.

IN WITNESS WHEREOF, the parties hereto agreed to be bound and have executed this Agreement.

TATION. INC. CONTRACTOR FRIEN

14 Date

n:---

CONTRACTOR TREADED TRANSFORTATION, INC.

lee. Print Name, Title

President, Board of Education Oakland Unified School District

Superintendent and Secretary Board of Education Oakland Unified School District

Approved as to Form

Jacqueline Minor, General Counsel

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OAKLAND

City Administrator's Office

SPECIAL BUSINESS PERMITS • 1 Frank H. Ogawa Plaza, 11th Floor Oakland, CA 94612

Arturo M. Sanchez Deputy City Administrator Conce M. Sence Phone: 510-777-8527 Conce City Ann Fax: 190510-238-7084

May 22, 2013.

RE: New Meter Rate Effective May 22, 2013.

and New Motor Rate Sittent

Stable Base

All Contractor

Dear Fleet Managers and Drivers:

Dear Fleet Managers and Frivers-

The City Council has passed the following fare structure on May 21, 2013. Below is the new fare own is the new fare of the structure:

5.64.100 - Fare Structure		
Flag drop (excluding mileage)	\$3.20 (*.** any texamulay approace)	33.35
Mileage	29¢ each 1/10 mile monet	299 Each 1
Waiting Time	\$29.00 per hour	J. J. S. J. U. U. J.
Minimum fare	Greater of \$5.00 or taximeter calculated fare	In sitesta
Oakland Airport fee	Fee set by Oakland Airport MOOR INC	The set by I
Night surcharge	\$1.00 - Trips commencing after 10 p.m. until 6 a.m.	111.00 · Tri
Small animal (except service animal)	\$1.00	Andrews
Additional stops requested	\$1.00 . Munitonal Stope Tequester	1.51.00
Obtaining change	50¢	The second secon
Luggage that forces trunk open	\$1.00	1 \$1.00

Please 1) schedule an appointment with Alameda County Weights & Measures to obtain and with a second second

No taxicabs shall charge the new rate until the meter is adjusted and a new meter certificate has all until the racion is a been issued. Failure to obtain a new meter certificate or a new fare structure sign posted inside to meter certificate or the cab is a violation of the Oakland Municipal Code.

Thank you, for your attention to this matter.

Finak you, for your sites, ion by this metter.

Artus Deputy City Administrator

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CERTIFICATE OF LIABILITY INSURANCE D2/06/ THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE PI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTH REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, su the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer righ certificate holder in lieu of such endorsement(s). Phone: 916-784-1008 CONTACT (ACC, No. EN): EAC, No. EN): EAC, No. EN): EAC, No. EN): EAC, No. END EACH INSURED AGE 19052 Kendra L, Whitehead Phone: 916-784-1008 CONTACT (ACC, No. EN): EAC, No. EN): EAC, No. EN): EAC, No. EN): EAC, No. END EACH IS USED ON A State (ACC, No. EN): EAC, No. END EACH IS USED Friendly Transportation Inc. 4849 E. 12th Street Oakland, CA 94801 INSURER B. INSURER B. INSURER D. INSURER D. INSURER D. INSURER D. INSURER D. INSURER D. EACH IS USED 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 POLICIES INDUCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WAY	INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FOLICIES NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FOLICIES NOT CONSTTUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED TIFICATE HOLDER. TIFICATE HOLDER.	CERTIFICATE IS ISSUED AS A MATTER DF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THE DESTIFICATE ADDES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUED BY THE POLICIES BELOW. THE CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUED ON IS WAIVED, Subject to the terms and conditions of the policy, retain policies may require an endomerment. A statement of fils certificate class not confer rights to the certificate holder in Blue of such endorsement(s). Description INFORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsement. A statement of fils certificate class not confer rights to the certificate holder in Blue of such endorsement(s). Policy (ISS) State Conference of the policy, certain policies may require an endorsement. A statement of fils certificate class not confer rights to the certificate holder in Blue of such endorsement(s). Placet Insurance Agency License structure of the policy, certain policies may require an endorsement. A statement of fils certificate becavitis, case 366819602 Kendra L. Whitehead Fac. State Placet Insurance (ISS) Reservice. A State 1 Fac. State 1 Insurance (ISS) Insurance (ISS) Reservice. A State 1 Insurance (ISS) Insurance (ISS) Insurance (ISS) Reservice 1 Conference (ISS) Insurance (ISS) Insurance (ISS) Insurance (ISS) Reservice 1 CERTIFICATE NUMBER: INSURANCE AFFORDED DY THE DUCKEN D	CONTRICT OF A CONTROL OF INCOMATION ONLY AND CONTROL OF ONLY ON CONTROL OF A C	-								FRIET-	1	OP ID: 1
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CITY, 31/	ATE, Dak	and CA			STATE	TERR	1	GVWGCW		CLAS	38	SIC	FACTOR	SEA	TCP	RADIUS	FAR	RTHEST TERM
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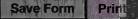
	LIFORNIA INSURANCE IDENTIFICATION CARD		
COMPANY NUMBER	COMPANY NAME AND ADDRESS	If ar	accident happens:
30945	Plaza Insurance Company		
POLICYNUMBER	elle .		• Stop.
PACA1000493-00			Help or get help for injured
EFFECTIVE DATE	EXPIRATION DATE		people.
3/5/2014	5/30/2014		 Warn motorists (use flares,
THIS POLICY MEETS THE REQU	UIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE		hazard lights).
YEAR MAKE/MODEL	L VEHICLE IDENTIFICATION		 Call 911 to contact the
2007 Toyota	Cab #69 - VIN #JTDKB20U477592974		police or California Highway
AGENCY/COMPANY ISSUING C	CARD		Patrol if an injury or death
Public Livery Insurance Service	es, Inc.		OCCUIS.
PO Box 80578			 Exchange information with
San Diego, CA 92138-0578			the other driver and
			complete the Accident
INSURED			Information Card —write
Metro Taxi Cab Company, Inc.			down information about the
Metro Yellow Cab			other driver and car,
4849 E 12th St			witnesses, passengers,
Oakland, CA 94601-5107			accident location and more.
	SEE IMPORTANT NOTICE ON REVERSE SIDE		Only speak to law
			enforcement personnel
TH	HIS CARD MUST BE KEPT IN THE INSURED		about the accident and do
VE	EHICLE AND PRESENTED UPON DEMAND		not accept responsibility for
			the accident regardless of
			what happened.
		Afte	er an accident;
IN CASE OF ACCIDENT: Report	all accidents to your Agent/Company as soon as possible. Obtain		
the following information:	717 -		Report the accident to your
1. Name and a	address of each driver, passenger and witness.		insurance company.
2. Name of Ins	surance Company and policy number for each vehicle involved.		Plaza Insurance Company
			800-510-4474 Report the
			accident to the Department
			of Motor Vehicles within 10
			days if someone is injured o
			killed on if domographe sither.
			killed or if damage to either
ACORD 50 CA (2004/07)	© ACORD CORPORATION 2004		car is more than \$750.
			car is more than \$750.
AC			 car is more than \$750. Make a claim with your insurance company and/or.
AC Complete this form wit	CIDENT INFORMATION CARD th the other parties' information and report the accident to = '		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance
AC Complete this form wit			 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your
AC Complete this form wit	CIDENT INFORMATION CARD th the other parties' information and report the accident to = '		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses.
AC Complete this form wit	CIDENT INFORMATION CARD th the other parties' information and report the accident to = '		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if
AC Complete this form wit Plaza Insuranc	CIDENT INFORMATION CARD th the other parties' information and report the accident to = - ce Company 800-510-4474 or fax to 619-593-0857		 car is more than \$750. Make a claim with your insurance company and/or the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health
AC Complete this form wit Plaza Insuranc	CIDENT INFORMATION CARD th the other parties' information and report the accident to = - ce Company 800-510-4474 or fax to 619-593-0857		 car is more than \$750. Make a claim with your insurance company and/or the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns.
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME	CIDENT INFORMATION CARD th the other parties' information and report the accident to =		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME	CIDENT INFORMATION CARD th the other parties' information and report the accident to = ce Company 800-510-4474 or fax to 619-593-0857		 car is more than \$750. Make a claim with your insurance company and/or the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns.
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME	CIDENT INFORMATION CARD th the other parties' information and report the accident to =		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME ADDRESS	CIDENT INFORMATION CARD th the other parties' information and report the accident to = ee Company 800-510-4474 or fax to 619-593-0857		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME ADDRESS	CIDENT INFORMATION CARD th the other parties' information and report the accident to =		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insurance POLICYHOLDER'S NAME ADDRESS	CIDENT INFORMATION CARD th the other parties' information and report the accident to		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insurance POLICYHOLDER'S NAME ADDRESS	CIDENT INFORMATION CARD th the other parties' information and report the accident to =		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form with Plaza Insuranc POLICYHOLDER'S NAME ADDRESS DAYTIME PHONE # INSURANGE AGENT INSURANCE COMPANY	CIDENT INFORMATION CARD th the other parties' information and report the accident to		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form wit Plaza Insuranc POLICYHOLDER'S NAME ADDRESS DAYTIME PHONE # INSURANGE AGENT INSURANCE COMPANY INS CO PHONE #	CIDENT INFORMATION CARD th the other parties' information and report the accident to =		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance
AC Complete this form wit Plaza Insuranc POLICYHOLDER'S NAME ADDRESS DAYTIME PHONE # INSURANGE AGENT INSURANCE COMPANY INS CO PHONE #	CIDENT INFORMATION CARD th the other parties' information and report the accident to		 car is more than \$750. Make a claim with your insurance company and/or, the other driver's insurance company to pay for your injuries and losses. Call or see your physician if you have any health concerns. Contact your insurance

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	ALIFORNIA INSURANCE IDENTIFICATION CARD			3
OMPANY NUMBER	COMPANY NAME AND ADDRESS	lf an	accident happens:	
0945	Plaza Insurance Company			
OLICY NUMBER			Stop.	
ACA1000491-00			Help or get help for injured	
FFECTIVE DATE	EXPIRATION DATE		people.	
2/07/2014	5/30/2014		Warn motorists (use flares,	
HIS POLICY MEETS THE REQ	UIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE		hazard lights).	
	L VEHICLE IDENTIFICATION		Call 911 to contact the	1
006 Ford	CAB #207 - VIN# 2FMZA51656BA41005		police or California Highway	
GENCY/COMPANY ISSUING			Patrol if an injury or death	
ublic Livery Insurance Servic O Box 80578	es, Inc.		occurs.	
an Diego, CA 92138-0578		1 1 1	Exchange information with the other driver and	
an Diego, CH 32130-0378			complete the Accident	
SURED			Information Card —write	
riendly Cab Company, Inc.			down information about the	
849 E 12th St			other driver and car,	
akland, CA 94601-5107			witnesses, passengers,	
	SEE IMPORTANT NOTICE ON REVERSE SIDE		accident location and more.	
			Only speak to law	
T	HIS CARD MUST BE KEPT IN THE INSURED		enforcement personnel	
V	EHICLE AND PRESENTED UPON DEMAND		about the accident and do	
			not accept responsibility for	4
			the accident regardless of	
			what happened.	
CASE OF ACCIDENT: Report	t all accidents to your Agent/Company as soon as possible. Obtain	After	an accident:	0.000
e following information:		Alte	an accident.	
1. Name and a	address of each driver, passenger and witness.	1		1
2. Name of In	surance Company and policy number for each vehicle involved.	1	Report the accident to your	1000
2. Name of In:	surance Company and policy number for each vehicle involved.		insurance company.	0.011
2. Name of In:	surance Company and policy number for each vehicle involved.		insurance company. Plaza insurance Company	
2. Name of In	surance Company and policy number for each vehicle involved.		Insurance company. Plaza Insurance Company 800-510-4474 Report the	
2. Name of In	surance Company and policy number for each vehicle involved.		insurance company. Plaza insurance Company	
			insurance company. Plaza insurance Company 800-510-4474 Report the accident to the Department	
	surance Company and policy number for each vehicle involved.		insurance company. Plaza Insurance Company 800-510-4474 Report the accident to the Department of Motor Vehicles within 10	
			insurance company. Plaza Insurance Company 800-510-4474 Report the accident to the Department of Motor Vehicles within 10 days if someone is injured or	
ORD 50 CA (2004/07)			insurance company. Plaza Insurance Company 800-510-4474 Report the accident to the Department of Motor Vehicles within 10 days if someone is injured or killed or if damage to either car is more than \$750.	
1080 50 CA (2004/07) AC	© ACDRD CORPORATION 2004		insurance company. Plaza Insurance Company 800-510-4474 Report the accident to the Department of Motor Vehicles within 10 days if someone is injured or killed or if damage to either car is more than \$750. Make a claim with your	
Complete this form with	© ACURD CORPORATION 2004		insurance company. Plaza Insurance Company 800-510-4474 Report the accident to the Department of Motor Vehicles within 10 days if someone is injured or killed or if damage to either car is more than \$750. Make a claim with your insurance company and/or	*** *** \$**
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CA	LIFORNIA INSURANCE IDENTIFICATION CARD		If an a	ccident happens:
OMPANY NUMBER	COMPANY NAME AND ADDRESS		in all a	voident nappens:
0945	Plaza Insurance Company			1. min
OLICY NUMBER			•	Stop.
ACA1000493-00			•	Help or get help for injured
FFECTIVE DATE	EXPIRATION DATE			people.
/5/2014	5/30/2014		•	Warn motorists (use flares,
HIS POLICY MEETS THE REQU	JIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE			hazard lights).
EAR MAKE/MODEL	VEHICLE IDENTIFICATION		•	Call 911 to contact the
007 Toyota	Cab #77 - VIN #JTDKB20U377570108			police or California Highway
GENCY/COMPANY ISSUING	CARD		1.1	Patrol if an injury or death
ublic Livery Insurance Service	es, Inc.	+-		occurs.
O Box 80578			•	Exchange information with
an Diego, CA 92138-0578				the other driver and
				complete the Accident
SURED			L	Information Card —write
fetro Taxi Cab Company, Inc.		****	** * *	down information about the
fetro Yellow Cab				other driver and car,
849 E 12th St				witnesses, passengers,
akland, CA 94601-5107				accident location and more.
	SEE IMPORTANT NOTICE ON REVERSE SIDE		•	Only speak to law
				enforcement personnel
Th	IS CARD MUST BE KEPT IN THE INSURED			about the accident and do
	HICLE AND PRESENTED UPON DEMAND	1		not accept responsibility for
				the accident regardless of
				what happened.
			After	n accident:
	all accidents to your Agent/Company as soon as possible. Obtain		127 111 1	1
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			-	Report the accident to your
	ddress of each driver, passenger and witness.		- 500	Report the accident to your
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Community Schools, Thriving Students PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2013-2014

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	Administrator /	Manager (Orig	ginator) Nan	ne Olivia N	Andilk	(Phone	510-874	-3700		
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