

**COUNTY OF MARIN
PROFESSIONAL SERVICES CONTRACT
2011 - Edition 1**

THIS CONTRACT is made and entered into this 20th day of December, 2012, by and between the COUNTY OF MARIN, hereinafter referred to as "County" and Nielsen, Merksamer, Parrinello, Gross, & Leoni, LLP, hereinafter referred to as "Contractor."

RECITALS:

WHEREAS, County desires to retain a person or firm to provide the following service: Contractor agrees to provide all of the services described in Exhibit A attached hereto and by this reference made a part hereof; and

WHEREAS, Contractor warrants that it is qualified and competent to render the aforesaid services;

NOW, THEREFORE, for and in consideration of the Contract made, and the payments to be made by County, the parties agree to the following:

1. SCOPE OF SERVICES:

Contractor agrees to provide all of the services described in **Exhibit A** attached hereto and by this reference made a part hereof.

2. FURNISHED SERVICES:

The County agrees to:

- A. Guarantee access to and make provisions for the Contractor to enter upon public and private lands as required to perform their work.
- B. Make available all pertinent data and records for review.
- C. Provide general bid and Contract forms and special provisions format when needed.

3. FEES AND PAYMENT SCHEDULE:

The fees and payment schedule for furnishing services under this Contract shall be based on the rate schedule which is attached hereto as **Exhibit B** and by this reference incorporated herein. Said fees shall remain in effect for the entire term of the Contract. Contractor shall provide County with his/her/its Federal Tax I.D. number prior to submitting the first invoice.

4. MAXIMUM COST TO COUNTY:

In no event will the cost to County for the services to be provided herein exceed the maximum sum of **\$160,000 per year** including direct non-salary expenses. As set forth in section 14 of this Contract, should the funding source for this Contract be reduced, Contractor agrees that this maximum cost to County may be amended by written notice from County to reflect that reduction.

5. TIME OF CONTRACT:

This Contract shall commence on December 31, 2011, and shall terminate on December 31, 2013. Certificate(s) of Insurance must be current on day Contract commences and if scheduled to lapse prior to termination date, must be automatically updated before final payment may be made to Contractor. The final invoice must be submitted within 30 days of completion of the stated scope of services.

6. INSURANCE:

Commercial General Liability:

The Contractor shall maintain a commercial general liability insurance policy in the amount of \$1,000,000 (\$2,000,000 aggregate). The County shall be named as an additional insured on the commercial general liability policy.

Commercial Automobile Liability:

Where the services to be provided under this Contract involve or require the use of any type of vehicle by Contractor, Contractor shall provide comprehensive business or commercial automobile liability coverage, including non-owned and hired automobile liability, in the amount of \$1,000,000.00.

Workers' Compensation:

The Contractor acknowledges the State of California requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code. If Contractor has

employees, a copy of the certificate evidencing such insurance, a letter of self-insurance, or a copy of the Certificate of Consent to Self-Insure shall be provided to County prior to commencement of work.

Errors and Omissions, Professional Liability or Malpractice Insurance.

Contractor may be required to carry errors and omissions, professional liability or malpractice insurance.

All policies shall remain in force through the life of this Contract and shall be payable on a "per occurrence" basis unless County specifically consents to a "claims made" basis. The insurer shall supply County adequate proof of insurance and/or a certificate of insurance evidencing coverages and limits prior to commencement of work. Should any of the required insurance policies in this Contract be cancelled or non-renewed, it is the Contractor's duty to notify the County immediately upon receipt of the notice of cancellation or non-renewal.

If Contractor does not carry a required insurance coverage and/or does not meet the required limits, the coverage limits and deductibles shall be set forth on a waiver, **Exhibit C**, attached hereto.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of this Contract. In addition to any other available remedies, County may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

7. ANTI DISCRIMINATION AND ANTI HARASSMENT:

Contractor and/or any subcontractor shall not unlawfully discriminate against or harass any individual including, but not limited to, any employee or volunteer of the County of Marin based on race, color, religion, nationality, sex, sexual orientation, age or condition of disability. Contractor and/or any subcontractor understands and agrees that Contractor and/or any subcontractor is bound by and will comply with the anti discrimination and anti harassment mandates of all Federal, State and local statutes, regulations and ordinances including, but not limited to, County of Marin Personnel Management Regulation (PMR) 21.

8. SUBCONTRACTING:

The Contractor shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the County except for any subcontract work identified herein. If Contractor hires a subcontractor under this Contract, Contractor shall require subcontractor to provide and maintain insurance coverage(s) identical to what is required of Contractor under this Contract and shall require subcontractor to name Contractor and County of Marin as an additional insured under this Contract for general liability. It shall be Contractor's responsibility to collect and maintain current evidence of insurance provided by its subcontractors and shall forward to the County evidence of same.

9. ASSIGNMENT:

The rights, responsibilities and duties under this Contract are personal to the Contractor and may not be transferred or assigned without the express prior written consent of the County.

10. LICENSING AND PERMITS:

The Contractor shall maintain the appropriate licenses throughout the life of this Contract. Contractor shall also obtain any and all permits which might be required by the work to be performed herein.

11. BOOKS OF RECORD AND AUDIT PROVISION:

Contractor shall maintain on a current basis complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work on this Contract. In addition, Contractor shall maintain detailed payroll records including all subsistence, travel and field expenses, and canceled checks, receipts and invoices for all items. These documents and records shall be retained for at least five years from the completion of this Contract. Contractor will permit County to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within a maximum of fifteen (15) days upon receipt of written notice from County. Contractor shall refund any monies erroneously charged.

12. WORK PRODUCT/PRE-EXISTING WORK PRODUCT OF CONTRACTOR:

Any and all work product resulting from this Contract is commissioned by the County of Marin as a work for hire. The County of Marin shall be considered, for all purposes, the author of the work product and shall have all rights of authorship

to the work, including, but not limited to, the exclusive right to use, publish, reproduce, copy and make derivative use of, the work product or otherwise grant others limited rights to use the work product.

To the extent Contractor incorporates into the work product any pre-existing work product owned by Contractor, Contractor hereby acknowledges and agrees that ownership of such work product shall be transferred to the County of Marin.

13. TERMINATION:

- A. If the Contractor fails to provide in any manner the services required under this Contract or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the County may terminate this Contract by giving five (5) calendar days written notice to the party involved.
- B. The Contractor shall be excused for failure to perform services herein if such services are prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
- C. Either party hereto may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
- D. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract so long as proof of required insurance is provided for the periods covered in the Contract or Amendment(s).

14. APPROPRIATIONS:

The County's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the Marin County Board of Supervisors, the State of California or other third party. Should the funds not be appropriated County may terminate this Contract with respect to those payments for which such funds are not appropriated. County will give Contractor thirty (30) days' written notice of such termination. All obligations of County to make payments after the termination date will cease.

Where the funding source for this Contract is contingent upon an annual appropriation or grant from the Marin County Board of Supervisors, the State of California or other third party, County's performance and obligation to pay under this Contract is limited by the availability of those funds. Should the funding source for this Contract be eliminated or reduced, upon written notice to Contractor, County may reduce the Maximum Cost to County identified in section 4 to reflect that elimination or reduction.

15. RELATIONSHIP BETWEEN THE PARTIES:

It is expressly understood that in the performance of the services herein, the Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent Contractor and not as officers, employees or agents of the County. Contractor shall be solely responsible to pay all required taxes, including but not limited to, all withholding social security, and workers' compensation.

16. AMENDMENT:

This Contract may be amended or modified only by written Contract of all parties.

17. ASSIGNMENT OF PERSONNEL:

The Contractor shall not substitute any personnel for those specifically named in its proposal unless personnel with substantially equal or better qualifications and experience are provided, acceptable to County, as is evidenced in writing.

18. JURISDICTION AND VENUE:

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Marin County, California.

19. INDEMNIFICATION:

Contractor agrees to indemnify, defend, and hold County, its employees, officers, and agents, harmless from any and all liabilities including, but not limited to, litigation costs and attorney's fees arising from any and all claims and losses to anyone who may be injured or damaged by reason of Contractor's negligence, recklessness or willful misconduct in the performance of this Contract.

20. COMPLIANCE WITH APPLICABLE LAWS:

The Contractor shall comply with any and all Federal, State and local laws and resolutions: including, but not limited to the County of Marin Nuclear Free Zone, Living Wage Ordinance, and Board of Supervisors Resolution #2005-97 prohibiting the off-shoring of professional services involving employee/retiree medical and financial data affecting services covered by this Contract. Copies of any of the above-referenced local laws and resolutions may be secured from the Contract Manager referenced in section 21. In addition, the following NOTICES may apply:

1. Pursuant to California Franchise Tax Board regulations, County will automatically withhold 7% from all payments made to vendors who are non-residents of California.
2. Contractor agrees to meet all applicable program access and physical accessibility requirements under State and Federal laws as may apply to services, programs or activities for the benefit of the public.
3. For Contracts involving any State or Federal grant funds, Exhibit D must be attached. Exhibit D shall consist of the printout results obtained by search of the Excluded Parties List System at www.epls.gov.

21. INTEREST OF CONTRACTOR:

County acknowledges that Contractor is a for-profit law firm with specialties in legal and governmental relations services; election, political and campaign law; and certain types of litigation. County understands that Contractor represents many clients whose general governmental or political objectives and philosophies are, or may in the future be, contrary to County's, and County acknowledges that by accepting this engagement, Contractor is not prevented from providing legal services to clients in Marin County or elsewhere whose interests may be adverse to County and expressly waives any actual or potential conflict of interest with respect thereto; however, except as provided below, Contractor will not, without County's written consent, represent another client on specific projects for which County has engaged Contractor.

County does not object to Contractor advising and/or defending clients accused of violating Marin County campaign, conflict of interest or lobbying laws and/or assisting them in preparing disclosure forms required under federal, State or local laws.

County further acknowledges that Contractor currently represents certain clients on issues which are now recognized to have the potential to conflict with the position or interests of County. County hereby waives any actual or potential conflict of interest that exists or may in the future exist between County and Contractor and expressly agrees, notwithstanding said conflict, that Contractor may continue to represent that client on such issue or issues, and cease representing County thereon. The specific clients and issues are set forth in Exhibit A-1 attached hereto.

The scope of this engagement does not confer "consultant" status on any of the attorneys and other firm personnel providing services for you; therefore, we are not subject to the public disclosure requirements as a "public official" under your conflict of interest code. Only consultants who 1) actually make specified types of government decisions, or 2) who serve as agency staff and in that capacity perform all or substantially all the same duties as a staff member are considered "public officials." We will only accept this engagement if it does not, under your conflict code, qualify any Nielsen Merksamer attorney or other personnel as public officials.

23. NOTICES:

This Contract shall be managed and administered on County's behalf by the Department Contract Manager named below. All invoices shall be submitted and approved by this Department and all notices shall be given to County at the following location:

Contract Manager: Matthew H. Hymel

Dept./Location: County Administrator

Telephone No.: (415) 473-6358

Notices shall be given to Contractor at the following address:

Contractor: Cathy Christian
Nielsen, Merksamer, Parrinello, Gross & Leoni, LLP

1415 L Street
Suite 1200
Address: Sacramento, CA 95814

Telephone No.: (916) 446-6752

23. ACKNOWLEDGEMENT OF EXHIBITS

☒ Check applicable Exhibits

**CONTRACTOR'S
INITIALS**

EXHIBIT A & A-1.

<input checked="" type="checkbox"/>	Scope of Services and Nielsen, Merksamer Clients for Whom a Waiver is Required	
<input checked="" type="checkbox"/>	Fees and Payment	
<input type="checkbox"/>	Insurance Reduction/Waiver	
<input type="checkbox"/>	Contractor's Debarment Certification	
<input type="checkbox"/>	Subcontractor's Debarment Certification	

EXHIBIT B.

EXHIBIT C.

EXHIBIT D.

EXHIBIT E.

IN WITNESS WHEREOF, the parties have executed this Contract on the date first above written.

CONTRACTOR:

APPROVED BY

COUNTY OF MARIN:

By: Cathy Christian
Name: Cathy A. Christian
Title: Partner

By: _____

~~~~~  
**COUNTY COUNSEL REVIEW AND APPROVAL (required if template content has been modified)**

County Counsel: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT "A"**  
**SCOPE OF SERVICES (required)**

Contractor shall provide special knowledge, advice, services and skill, and shall do each of the following:

- (a) Provide County timely information regarding State legislation and administrative matters significantly affecting County program responsibilities, authority and resources;
- (b) Provide County advice regarding effective strategies for promoting County interests and priorities within the legislative and executive branches of State government;
- (c) Represent County in public and private meetings of State legislative and administrative officials, committees and bodies, including representation in legislative committee hearings and hearings of administrative regulatory bodies;
- (d) Assist County in securing enactment of County-sponsored legislative proposals and in securing the allocation of State funds to the County as a part of the annual State budget process;
- (e) Consult with County Administrator to produce for review by the Board of Supervisors in November a work program for the ensuing year that will describe specifically the sponsorship proposals and advocacy efforts to be undertaken by Contractor. This work program shall be referred to as County's "Legislative Program" for the affected calendar year;
- (f) From time to time upon County's request and as permitted by law, arrange for meetings involving County officials in Sacramento or other locations in California;
- (g) Facilitate the participation of key County officials in State-level activities significantly affecting programmatic and fiscal relationships between the State and the County;
- (h) Meet in Marin with County officials when necessary or when requested by the County;
- (i) Comply with all State or other laws regulating the activities of registered lobbyists, and prepare on the County's behalf such reports of lobbyist employers as may be required of the County by State law or administrative requirements.

**Exhibit A-1**

**NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP  
CLIENTS FOR WHOM A WAIVER IS REQUIRED**

**BP AMOCO – Air Quality, fuel and pipeline regulation, point of sale of alcoholic beverage issues**

**PG&E - electrical and gas utilities issues; tax issues**

**WASTE MANAGEMENT - waste disposal and franchising issues**

**SAN DIEGO COUNTY - general governmental issues**

**EXHIBIT "B"**  
**FEES AND PAYMENT SCHEDULE (required)**

**Fees and Payment Schedule**

- General rate of \$13,333.33 per month (\$160,000 per year)

**Total Estimated Amount:** \$13,333.33 per month: December 31, 2011 – December 31, 2013 (24 months)

**Contract total:** **\$320,000**





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MF

DATE (MM/DD/YYYY)

06/29/11

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

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

|                                                                                                                              |                              |                                                                                                                                    |                                                                                                                                                       |        |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| PRODUCER<br><b>BPIA Business Professional Insurance Associates</b><br>1519 South B Street<br>San Mateo, CA 94402             | 650-341-4484<br>650-341-4485 | CONTACT<br>NAME:<br>PHONE<br>(AG, No, Ext):<br>FAX<br>(AG, No):<br>EMAIL:<br>ADDRESS:<br>PRODUCER<br>CUSTOMER ID #: <b>NIELS-1</b> | INSURER(S) AFFORDING COVERAGE<br><b>INSURER A: Employers Fire Insurance Co.</b><br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | NAIC # |
| INSURED<br><b>Nielsen, Merksamer, Parrinello Gross &amp; Leonl, LLP</b><br>1415 L Street, Suite 1200<br>Sacramento, CA 95814 |                              |                                                                                                                                    |                                                                                                                                                       |        |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSTR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                    | ADOL | SUBR | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-----------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |      |      |                       |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/OP AGG \$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$ |
|           | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DEDUCTIBLE<br>RETENTION \$                                                                                                                                                     |      |      |                       |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$                                                                                                                                                                                                                                                                                                   |
| <b>A</b>  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                        |      | N/A  | <b>EIG 1044762 04</b> | <b>07/01/11</b>         | <b>07/01/12</b>         | <input checked="" type="checkbox"/> WE STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                                                                                                            |

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

## CERTIFICATE HOLDER

## CANCELLATION

County of Marin  
3501 Civic Center Drive  
San Rafael, CA 94903

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

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# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/19/2011

PRODUCER WRA Insurance Service, Inc.  
1834 Bath Street  
Santa Barbara CA 93101

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A Carolina Casualty Insurance

COMPANY B

COMPANY C

COMPANY D

INSURED Nielsen, Merksamer, Parrinello, Gross  
& Leoni, LLP  
2350 Kerner Blvd, #250  
San Rafael CA 94901

## COVERAGES

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.

| CO<br>LTR                                                                  | TYPE OF INSURANCE                                                               | POLICY NUMBER                                                  | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                    |                                     |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------------------|-------------------------------------|
|                                                                            | GENERAL LIABILITY                                                               |                                                                |                                     |                                      | BODILY INJURY OCC                                         | \$                                  |
|                                                                            | <input type="checkbox"/> COMPREHENSIVE FORM                                     |                                                                |                                     |                                      | BODILY INJURY AGG                                         | \$                                  |
|                                                                            | <input type="checkbox"/> PREMISES/OPERATIONS                                    |                                                                |                                     |                                      | PROPERTY DAMAGE OCC                                       | \$                                  |
|                                                                            | <input type="checkbox"/> UNDERGROUND<br>EXPLOSION & COLLAPSE HAZARD             |                                                                |                                     |                                      | PROPERTY DAMAGE AGG                                       | \$                                  |
|                                                                            | <input type="checkbox"/> PRODUCTS/COMPLETED OPER                                |                                                                |                                     |                                      | BI & PD COMBINED OCC                                      | \$                                  |
|                                                                            | <input type="checkbox"/> CONTRACTUAL                                            |                                                                |                                     |                                      | BI & PD COMBINED AGG                                      | \$                                  |
|                                                                            | <input type="checkbox"/> INDEPENDENT CONTRACTORS                                |                                                                |                                     |                                      | PERSONAL INJURY AGG                                       | \$                                  |
|                                                                            | <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE                             |                                                                |                                     |                                      |                                                           |                                     |
|                                                                            | <input type="checkbox"/> PERSONAL INJURY                                        |                                                                |                                     |                                      |                                                           |                                     |
|                                                                            |                                                                                 |                                                                |                                     |                                      | AUTOMOBILE LIABILITY                                      |                                     |
| <input type="checkbox"/> ANY AUTO                                          |                                                                                 | BODILY INJURY<br>(Per accident)                                | \$                                  |                                      |                                                           |                                     |
| <input type="checkbox"/> ALL OWNED AUTOS (Private Pass)                    |                                                                                 | PROPERTY DAMAGE                                                | \$                                  |                                      |                                                           |                                     |
| <input type="checkbox"/> ALL OWNED AUTOS<br>(Other than Private Passenger) |                                                                                 | BODILY INJURY &<br>PROPERTY DAMAGE<br>COMBINED                 | \$                                  |                                      |                                                           |                                     |
| <input type="checkbox"/> HIRED AUTOS                                       |                                                                                 |                                                                |                                     |                                      |                                                           |                                     |
| <input type="checkbox"/> NON-OWNED AUTOS                                   |                                                                                 |                                                                |                                     |                                      |                                                           |                                     |
|                                                                            |                                                                                 |                                                                |                                     |                                      | EACH OCCURRENCE                                           | \$                                  |
|                                                                            | <input type="checkbox"/> EXCESS LIABILITY                                       |                                                                |                                     |                                      | AGGREGATE                                                 | \$                                  |
|                                                                            | <input type="checkbox"/> UMBRELLA FORM                                          |                                                                |                                     |                                      |                                                           | \$                                  |
|                                                                            |                                                                                 |                                                                |                                     |                                      | <input type="checkbox"/> WC STATU-<br>TORY LIMITS         | <input type="checkbox"/> OTH-<br>ER |
|                                                                            | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY                                |                                                                |                                     |                                      | EL EACH ACCIDENT                                          | \$                                  |
|                                                                            | <input type="checkbox"/> THE PROPRIETOR/<br>PARTNERS/EXECUTIVE<br>OFFICERS ARE: | <input type="checkbox"/> INCL<br><input type="checkbox"/> EXCL |                                     |                                      | EL DISEASE - POLICY LIMIT                                 | \$                                  |
|                                                                            |                                                                                 |                                                                |                                     |                                      | EL DISEASE - EA EMPLOYEE                                  | \$                                  |
|                                                                            |                                                                                 |                                                                |                                     |                                      |                                                           |                                     |
| A                                                                          | OTHER<br>Professional Liability<br>Claims Made Policy                           | 91027040                                                       | 05/21/2011                          | 05/21/2012                           | Limits: \$2,000,000/ \$4,000,000<br>Deductible: \$100,000 |                                     |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Full Prior Acts Coverage

## CERTIFICATE HOLDER

County of Marin  
3501 Civic Center Drive  
San Rafael CA 94903

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Elaine Clark*