**SANTA CRUZ COUNTY**

**BOARD OF SUPERVISORS INDEX SHEET**

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**Creation Date:** 10/31/07

**Source Code:** HRAXX

**Agenda Date:** 11/6/07

**INVENUM:** 59967

**Resolution(s):**

**Ordinance(s):**

**Contract(s):** 73625

**Continue Date(s):**

**Index:** --Letter of the Human Resources Agency of October 19, 2007
--ADM29 Request for Approval of Agreement Contract No. 73625
--Independent Contractor Agreement with Fiscal Experts, Incorporated

**Item: 47.** AUTHORIZED the Human Resources Agency Director to sign a contract with Fiscal Experts, Inc. in an amount not to exceed $50,000 for analysis, recommendations and implementation of fiscal processing systems, as recommended by the Human Resources Agency Director

# County of Santa Cruz

**HUMAN RESOURCES AGENCY**
Cecilia Espinola, Director
1000 Emeline Avenue, Santa Cruz, CA 95060
(831) 454-4130 FAX: (831) 454-4642

APPROVED AND FILED
BOARD OF SUPERVISORS
DATE: November 6, 2007
COUNTY OF SANTA CRUZ
SUSAN A. MAURIELLO
EX-OFFICIO CLERK OF THE BOARD
BY Sharon Mitchell DEPUTY

October 19,2007

AGENDA: November 6,2007

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

**APPROVAL OF PROFESSIONAL SERVICES CONTRACT TO ENHANCE FISCAL AND BUSINESS SYSTEMS**

Dear Members of the Board:

The recent unexpected retirement of the Human Resources Agency (HRA) Fiscal Chief has provided the Agency with an opportunity to review current business processes while a recruitment is pending. HRA is requesting approval to enter into a contract for a review of current business practices and recommendations for fiscal system improvement.

As you know, social service financing is complex and it is important to work with a consultant who is familiar with county social service financing. Fiscal Experts, Inc. has worked with various counties within California, providing specialized consulting services for system changes and improvements in county fiscal operations. The company's familiarity and understanding of social service finance makes them uniquely qualified to provide the services HRA is seeking. Funding for this contract is included in HRA's FY 2007-08 budget, and represents no additional county cost.

IT IS THEREFORE RECOMMENDED that your Board authorize the Human Resources Agency Director to sign a contract with Fiscal Experts, Inc. in the amount not to exceed $50,000 for analysis, recommendations and implementation of fiscal processing systems.

Very truly yours,

Cecilia Espinola (EO)

CECILIA ESPINOLA
Director

RECOMMENDED:

SUSAN A. MAURIELLO
County Administrative Officer

CE:WR:MC n:Board Letters\FY07-08\Admin Services\Fiscal\ Approval of Professional Services Contract to Enhance Fiscal and Business Systems

Attachments: Contract
ADM-29

Cc: Auditor/Controller
Fiscal Experts, Inc.

# COUNTY OF SANTA CRUZ
# REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: **HUMAN RESOURCES AGENCY**

By: Marie Russella (Signature) 10/22/07 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) [✓] Expenditure Agreement [ ] Revenue Agreement

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of same.

1. Said Agreement is between the **County of Santa Cruz Human Resources Agency**

   and **Fiscal Experts, Inc., 5350 Dunlay Drive, Suite 2716, Sacramento, CA 95835** (Name/Address)

2. The agreement will provide **consulting services at 1000 Emeline Avenue for the County of Santa Cruz Human Resources Agency.**

3. Period of the agreement is from **October 1, 2007** to **June 30,2008**

4. Anticipated Cost is $ **50,000** [ ] Fixed [ ] Monthly Rate [ ] Annual Rate [✓] Not to Exceed

   Remarks: **Contact: Wendy Russell x4037**

5. Detail: [ ] On Continuing Agreements List for FY - Page CC- Contract No: OR [✓] 1st Time Agreement
   [ ] Section II No Board Letter required, will be listed under item 8
   [ ] Section III Board Letter Required
   [ ] Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in **392100** (Index) **3665** (Subject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Approoriations (are) / are not available and have been / (will be) encumbered.

Contract No: CT 73625

By: K Wright Date: 10/24/07
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreemerit and authorize the **Human Resources Agency Director** to execute on behalf of the **County of Santa Cruz Human Resources Agency**

Date: By: [signature]
County Administrative Office

Distribution:
Board of Supervisors – White
Auditor Controller – Canary
Auditor-Controller – Pink
Department · Gold

ADM – 29 (8/01)
Title 1, Section 300 Proc Man

State of California
County of Santa Cruz
I, Susan A. Mauriello ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County administrative Office by an order duly entered in the minutes of said Board on November 6 2007

Sharon Mitchell
By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

| CO | | | | | |
|---|---|---|---|---|---|
| Document No. | JE Amount | Lines | H/TL | Keyed By | Date |

| TC110 | $ | / | | |
|---|---|---|---|---|
| Auditor Description | Amount | Index | Sub-Object | User Code |

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**Contract No. 76325**

# INDEPENDENT CONTRACTOR AGREEMENT

This Contract is entered into this November 6, 2007, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and Fiscal Experts, Inc, hereinafter called CONTRACTOR. The parties agree as follows:

**1. DUTIES.** CONTRACTOR agrees to exercise special slull to accomplish the following results: consulting services at 1000 Emeline for the County of Santa Cruz Human Resources Agency.

**2. COMPENSATION.** In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:
Invoiced monthly in arrears upon acceptance of suitable invoice based on the unit cost and scope of work outlined in attachment A and subject to approval of the Administrative Services Director. The total contract amount is not to exceed $50,000. Contractor will submit invoice for payment to:

County of Santa Cruz
Human Resources Agency
PO Box 1320
Santa Cruz, CA 95060
Attn: Lannis Bright

**3. TERM.** The term of this Contract shall be: October 1,2007 through June 30,2008.

**4. EARLY TERMINATION.** Either party hereto may terminate this Contract at any time by giving thirty (30) days written notice to the other party.

**5. INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS.** CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:

**A.** Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Contract, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property(ies) of CONTRACTOR and third persons.

B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Contract (including, without limitation, unemployment insurance, social security and payroll tax withholding).

**6. INSURANCE.** CONTRACTOR, at its sole cost and expense, for the full term of this Contract (and any extensions thereof), shall obtain and maintain, at minimum, compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be considered in

excess of CONTRACTOR'S insurance coverage and shall not contribute to it. If CONTRACTOR normally carries insurance in an amount greater than the minimum amount required by the COUNTY for this Contract, that greater amount shall become the minimum required amount of insurance for purposes of this Contract. Therefore, CONTRACTOR hereby acknowledges and agrees that any and all insurances carried by it shall be deemed liability coverage for any and all actions it performs in connection with this Contract.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Contract, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage from each subcontractor equivalent to that required of CONTRACTOR in this contract, unless CONTRACTOR and COUNTY both initial here DG / CL.

**A. Types of Insurance and Minimum L**

(1) Worker's Compensation in the minimum statutorily required coverage amounts. This insurance coverage shall be required unless the CONTRACTOR has no employees and certifies to this fact by initialing here DG CL

**(2)** Automobile Liability Insurance for each of CONTRACTOR'S vehicles used in the performance of this Contract, including owned, non-owned (e.g. owned by CONTRACTOR'S employees), leased or hired vehicles, in the minimum amount of $500,000 combined single limit per occurrence for bodily injury and property damage. This insurance coverage is required unless the CONTRACTOR does not drive a vehicle in conjunction with any part of the performance of this Contract and CONTRACTOR and COUNTY both certify to this fact by initialing here ____ / ____.

(3) Comprehensive or Commercial General Liability Insurance coverage in the minimum amount of $1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.

(4) Professional Liability Insurance in the minimum amount of $ 1,000,000 combined single limit, if, and only if, this Subparagraph is initialed by CONTRACTOR and COUNTY DG / CL

**B. Other Insurance Provisions**

(1) If any insurance coverage required in this Contract is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Contract (hereinafter "post Contract coverage") and any extensions thereof. CONTRACTOR may maintain the required post Contract coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post Contract coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Contract. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Contract in order to purchase prior acts or tail coverage for post Contract coverage shall be deemed to be reasonable.

**(2)** All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

"The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, and on behalf of, the named insured's performance under its/his/her/their contract with the County of Santa Cruz."

(3) All required insurance policies shall be endorsed to contain the following clause: "This insurance shall not be canceled until after thirty (30) days prior written notice has been given to:

**Santa Cruz County**
**Human Resources Agency**
**Attn: Lannis Bright**
**1000 Emeline Ave**
**Santa Cruz, CA 95060**

(4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Contract with Certificates of Insurance for all required coverages. All Certificates of Insurance shall be delivered or sent to:

**Santa Cruz County**
**Human Resources Agency**
**Attn: Lannis Bright**
**1000 Emeline Ave**
**Santa Cruz, CA 95060**

**7. EQUAL EMPLOYMENT OPPORTUNITY.** During and in relation to the performance of this Contract, CONTRACTOR agrees as follows:

A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sexual orientation, age (over 1S), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

B. If this Contract provides compensation in excess of $50,000 to CONTRACTOR and if CONTRACTOR employees fifteen (15) or more employees, the following requirements shall apply:

(1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sexual orientation, age (over 1S), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising, layoff or termination, rates of pay or other forms of compensation, selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR'S solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.

**(2)** In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this Contract or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further contracts with the COUNTY.

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**(3)** The CONTRACTOR shall cause the foregoing provisions of subparagraphs 7B(1) and 7B(2) to be inserted in all subcontracts for any work covered under this Contract by a subcontractor compensated more than $50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

**8. INDEPENDENT CONTRACTOR STATUS.** CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (workers compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and work place; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors that indicate that CONTRACTOR is an independent contractor.

By their signatures on this Contract, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Contract is in fact an independent contractor.

**9. NONASSIGNMENT.** CONTRACTOR shall not assign the Contract without the prior written consent of the COUNTY.

**10. ACKNOWLEDGMENT.** CONTRACTOR shall acknowledge in all reports and literature that the Santa Cruz County Board of Supervisors has provided funding to the CONTRACTOR.

**11. RETENTION AND AUDIT OF RECORDS.** CONTRACTOR shall retain records pertinent to this Contract for a period of not less than five (5) years after final payment under this Contract or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Contract.

**12. PRESENTATION OF CLAIMS.** Presentation and processing of any or all claims arising out of or related to this Contract shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.

**13. ATTACHMENTS.** This Contract includes the following attachments:

Attachment A – Scope of Work

**14. LIVING WAGE.** This Contract is covered under Living Wage provisions if this section is initialed by COUNTY_____

If Item # 14 above is initialed by the COUNTY, then this Contract is subject to the provisions of Santa Cruz County Code Chapter 2.122, which requires payment of a living wage to covered employees. Non-compliance during the term of the Contract with these Living Wage provisions will be considered a material breach, and may result in termination of the Contract and/or pursuit of other legal or administrative remedies.

CONTRACTOR agrees to comply with Santa Cruz County Code section 2.122.140, if applicable.

**15. MISCELLANEOUS.** This written Contract, along with any attachments, is the full and complete integration of the parties' agreement forming the basis for this Contract. The parties agree that this written Contract supersedes any previous written or oral agreements between the parties, and any modifications to this Contract must be made in a written document signed by all parties. Any arbitration, mediation, or litigation arising out of this Contract shall occur only in the County of Santa Cruz, notwithstanding the fact that one of the contracting parties may reside outside of the County of Santa Cruz.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

**1. Dan Gardner**

By: Dan Gardner
SIGNED

DAN GARDNER
PRINTED

**3. COUNTY OF SANTA CRUZ**

By: Willie Espinoza
SIGNED

_____
PRINTED

Company Name: **Fiscal Experts, Inc**
Address: 5350 Dunlay Drive
Suite 2716
Sacramento Ca 95835
Telephone: 805-748-1460
Fax: 805-888-2714
Email: dan@fiscalexperts.com

**2. APPROVED AS TO INSURANCE:**

Mary B 10-19-07
Risk Management

**4. APPROVED AS TO FORM:**

Jane M. Scott
Asst. County Counsel

DISTRIBUTION:

- HRA
- Auditor-Controller
- Risk Management
- *Contractor*

# Fiscal Experts, Inc.
# 5350 Dunlay Dr. #2716
# Sacramento, CA 95835

## I. Scope of the Project

Perform fiscal and business systems process reviews and make recommendations and implement improvements including:

- Implement integrated databases for Expend, Budgets, and Contracts
- Implement RevCalc, a spreadsheet based fiscal monitoring system including:
  - CEC expenditures, revenue and FTE's
  - Allocations and targeted overmatches
  - FTE staffing plan
  - Net county cost overview
- Recommend how to improve overall data processing and reporting efficiencies
- Recommend improvements to desktop procedures and suggestions for fiscal staffing

## II. Tasks and Timeline

| | Estimated hours | Timeline |
|---|---|---|
| Implement integrated databases for Expend, Budgets, and Contracts | 150 | October 2007 to June 2008 |
| Implement *RevCalc*, a spreadsheet based fiscal monitoring system | 100 | October 2007 to June 2008 |
| Recommend how to improve overall data processing and reporting efficiencies | 50 | October 2007 to June 2008 |
| Recommend improvements to desktop procedures and suggestions for fiscal staffing | 33 | October 2007 to June 2008 |
| Total hours | 333 | |

## III. Project Cost

| | | |
|---|---|---|
| Total Cost 333 hrs @ $150 /hr.<br>(Invoices to be submitted at least monthly based on work completed to date) | $50,000 | |

Hours ascribed to tasks are estimated, and hours may be shifted from one task to another as needed. Timeline dates are approximate and subject to revision depending on availability of the current program staff, but will not extend beyond June 30, 2008. HRA will provide facilities for meetings and bear cost of duplication of materials. Contractor is responsible for local travel expenses. Invoices will not itemize hours by task. HRA Director of Administration may re-direct consultant to perform other fiscal services as needed.

**ALLSTATE INSURANCE COMPANY** ☒ HOME OFFICE
**ALLSTATE INDEMNITY COMPANY** ☐ NORTHBROOK, ILLINOIS

hereby certifies that the following automobile insurance is in force:

Policy Number 004912316
Name of Insured DANIEL KEITH GARDNER
Address 1275 FERNWOOD DR
SAN LUIS OBISPO, CA 93401
Description of the Automobile 2005 INFINITI FX35
VIN # JNRAS08WX5X206528

For Office use only

The person or organization designated below is described in the policy as:

☒ LIENHOLDER (Loss Payable Clause)
☐ ADDITIONAL INTERESTED PARTY
☐ OTHER

INFINITI FINANCIAL SERVICES
P O BOX 390888
MINNEAPOLIS, MN 55439

**CERTIFICATE OF INSURANCE**

DATE OF CERTIFICATE October 19, 2007
POLICY PERIOD: This policy is effective 06/19/2007 12/19/2007

12:01 A.M. Standard Time

AGENT JAMES GARDNER
PRODUCER OF RECORD
NAME OF BROKER N/A

COVERAGES AND LIMITS INDICATED BELOW BY AN "X" IN THE INCLUDED COLUMN IS AFFORDED FOR ABOVE DESCRIBED VEHICLE

| COVERAGES | LIMITS OF LIABILITY | INCLUDED | COVERAGES | LIMITS OF LIABILITY | INCLUDED |
|---|---|---|---|---|---|
| A/AA BODILY INJURY LIABILITY<br>Each Person<br>Each Occurrence | <br>$ 1,000,000<br>$ 1,000,000 | ☒ | VACC PERSONAL INJURY PROTECTION | | ☐ |
| B/BB PROPERTY DAMAGE LIABILITY<br>Each Occurrence | $ 100,000 | ☒ | uu SUPPLEMENTAL STATUTORY COVERAGE | | ☐ |
| D/DD AUTOMOBILE COLLISION | A.C.V. less 500<br>☐ Dim. Ded | ☒ | Uninsured BI<br>SS $ Underinsured Motorists | $ NONE<br>$ NONE | ☐ |
| H<br>R RR AUTOMOBILE COMPREHENSIVE | ☐ A.C.V.<br>☒ A.C.V. less 250 | ☒ | PW | | ☐ |

**The Loss Payable Clause of such policy provides:**

"The company reserves the right to cancel such policy at any time as provided by its terms, but in such case the company shall notify the Lienholder when not less than ten days thereafter such cancellation shall be effective as to the interest of said Lienholder therein and the company shall have the right, on like notice, to cancel this agreement."

**The Additional Interest Endorsement of such policy, in part, provides:**

"...such insurance as is afforded by the policy" for automobile liability insurance listed...hereof applies also to the person or organization named as Additional Interest Party. "As respects such...interest, no cancellation...and no endorsement...adversely affecting such additional interest, shall be effective until ten (10) days following the mailing of written notice (to the person or organization) of such cancellation or endorsement..."

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy referred to above.



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Allstate.
You're in good hands,

CALIFORNIA
PROOF OF AUTO INSURANCE CARD

AtLSTATE
You're in good hands,

ALLSTATE INSURANCE COMPANY
1819 ELECTRIC ROAD, SW. ROANOKE, VA 24018

NAIC : 19232

DANIEL KEITH GARDNER
1275 FERNWOOD DR
SAN LUIS OBISPO CA 93401

This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER
0049123166

YEAR MAKE MODEL
2005 FX35

EFFECTIVE DATE
06/19/2007

VEHICLE ID NUMBER
JNRAS08WX5X206528

EXPIRATION DATE
12/19/2007

If you have an accident or loss:
- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logan to allstate.com or contact your Allstate agent or broker.

GARDNER & SONS
(909) 864-4110
3693 E. HIGHLAND AVE Suite C
HIGHLAND CA 92346

U96884

G52-3 47

0393

51 15 RG SBM

This Spectrum Policy consists of the Declarations, Coverage Forms, Common Policy Conditions and any other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the insurance company of The Hartford Insurance Group shown below.

**INSURER:** HARTFORD CASUALTY INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CT 06115
COMPANY CODE: 3

**Policy Number:** 57 SBM RG1551 DX

THE HARTFORD

## SPECTRUM POLICY DECLARATIONS

COPY

**Named Insured and Mailing Address:** (No., Street, Town, State, Zip Code)
FISCAL EXPERTS INC
5350 DUNLAY DR #2716
SACRAMENTO CA 95835

**Policy Period:** From 07/05/07 To 07/05/08 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. Exception: 12 noon in New Hampshire.

**Name of Agent/Broker:** NW INS AGCY,INC/PHS /WHOLESALE DVN
**Code:** 556242

**Previous Policy Number:** 57 SBM RG1551

**Named Insured is:** CORPORATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** NONE

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

**TOTAL ANNUAL PREMIUM IS:** $350 MP

Countersigned by Margie K. Ape
Authorized Representative

04/24/07
Date

*0100057RG1551010 8 40789

## SPECTRUM POLICY DECLARATIONS [Continued)

POLICY NUMBER: 57 SBM RG1551

| BUSINESS LIABILITY | LIMITS OF INSURANCE |
|---|---|
| LIABILITY AND MEDICAL EXPENSES | $1,000,000 |
| MEDICAL EXPENSES - ANY ONE PERSON | $ 10,000 |
| PERSONAL AND ADVERTISING INJURY | $1,000,000 |
| DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES | $ 300,000 |
| AGGREGATE LIMITS | |
| PRODUCTS-COMPLETED OPERATIONS | $2,000,000 |
| FORM SS 05 09 | |
| GENERAL AGGREGATE | $2,000,000 |

*0100057RG15510108 40790