

E2300018

**FIRST ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS FIRST ADDENDUM is to that Contract for Services entered into on September 8, 2021 and Restpadd Inc., Redding, (“Contractor”) and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect the provided rates effective July 1, 2022; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Section 3.01, of the Contract, Scope of Services, Exhibit “A”, Section II, Compensation, paragraph A, of Exhibit “A”, shall be deleted and replaced in its entirety with the new Section II, Compensation, paragraph A of Exhibit “A”, attached hereto and hereby incorporated by reference. All other terms and conditions of the Contract shall remain in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, County and Contractor have executed this First Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: 6/16/2022

DocuSigned by:
Brandon A Criss
BRANDON A. CRISS, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: Wendy Wittingham
Deputy

Date: 6/2/2022

CONTRACTOR: Restpadd Inc.

DocuSigned by:
Robert Edgar
Robert Edgar, RN, Administrator

Date: 6/2/2022

DocuSigned by:
Brett Heathorn
Brett Heathorn, Director of Finance

License No.: 20016049
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 45-2393705

ACCOUNTING:			
Fund	Organization	Account	Activity Code
2122	401030	740300	
2129	401031	740000	163A

Encumbrance number (if applicable): E2200310

FY 21/22 \$0.01 (Rate)
FY 22/23 \$0.01 (Rate)

Exhibit "A"

II. Compensation and Billing

- A. County agrees to pay as follows for services provided at Restpadd Inc., located in Redding, CA the following all-inclusive rates effective July 1, 2022.

Fiscal Year 2022/23

\$1,070.00 per adult client, per day for Indigent and Medi-Cal patients

*Contractor will not charge for the client's day of discharge



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/6/2022

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

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

PRODUCER InterWest Insurance Services License #0B01094 310 Hemsted Dr., Suite 200 Redding CA 96002-0935	CONTACT NAME: Jennifer Lakmann, CISR PHONE (A/C. No. Ext): 530-722-2617 FAX (A/C. No): 530-722-3547 E-MAIL ADDRESS: jlakmann@iwins.com														
License#: 0B01094	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : State Comp Ins Fund (CA)</td> <td style="text-align: center;">35076</td> </tr> <tr> <td>INSURER B : ProAssurance Specialty Insurance Company</td> <td style="text-align: center;">17400</td> </tr> <tr> <td>INSURER C : North American Capacity Ins Co</td> <td style="text-align: center;">25038</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Comp Ins Fund (CA)	35076	INSURER B : ProAssurance Specialty Insurance Company	17400	INSURER C : North American Capacity Ins Co	25038	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: 596719526** **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired & Nonowned <input checked="" type="checkbox"/> Auto Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		AFC9860322	3/11/2022	3/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			904894521	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C B B	Cyber Liability Professional Liability Professional Liability			C4MQ8102030CYBER201 AFC9860322 AFC9860322	11/17/2021 3/11/2022 3/11/2022	11/17/2022 3/11/2023 3/11/2023	Limit 1,000,000 Each Claim Limit 1,000,000 Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 As respects General Liability, Siskiyou County, its officers, employees, volunteers and agents are included as Additional Insured status applies to requested entities if required by written contract per the attached policy form(s)/endorsement(s).

CERTIFICATE HOLDER

CANCELLATION

Siskiyou County Health and Human Serv Agncy Behavioral Health Division 2060 Campus DR. Yreka CA 96097	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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MISCELLANEOUS MEDICAL FACILITIES HEALTHCARE LIABILITY POLICY ADDITIONAL INSURED ENDORSEMENT – OCCURRENCE-BASED GL

This Endorsement, effective 12:01 a.m. on 3/11/2022 forms part of:

POLICY NUMBER: AFC9860322
ISSUED BY: ProAssurance Specialty Insurance Company
ISSUED TO: Restpadd, Inc.

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under Coverage Part (B) Occurrence-Based General Liability Insurance and subject to the terms and conditions set forth in this endorsement, the definition of **Insured** shall include any person or entity scheduled below (each an "Additional Insured"), but solely with respect to any liability arising out of the operations of a **Named Insured**.
- (2) No coverage will be available under this Policy for that portion of **Loss** or **Defense Expenses** for any **Claim** against an Additional Insured resulting from the actual or alleged acts, errors or omissions of an Additional Insured.
- (3) It is understood and agreed that the Additional Insured(s) share in the applicable Limits of Liability set forth in ITEM 6 of the Declarations.

SCHEDULE

<u>Additional Insured</u>	<u>Retroactive Date</u>	<u>Termination Date</u>
County of Nevada	06/28/2021	N/A
Shasta County	03/11/2013	N/A
County of Tehama	03/11/2013	N/A
Siskiyou County Health and Human Services Agency	03/11/2013	N/A
Modoc County Behavioral Health	03/11/2013	N/A
Glenn County Health And Human Services Agency	03/07/2014	N/A
Trinity County	03/07/2014	N/A
County of Humboldt	03/07/2014	N/A
Mendocina County	12/12/2013	N/A
Redwood Quality Management Co.	12/12/2013	N/A
County of Plumas	08/26/2014	N/A
County of Del Norte	03/19/2014	N/A
Lassen County Health & Services Dept.	06/16/2014	N/A
County of Colusa	04/01/2020	N/A
Placer County Health and Human Services	07/01/2021	N/A

All other terms and conditions of this Policy remain unchanged and apply in full force and effect.