



# CITY OF GARDEN GROVE

## OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.  
Conduct municipal elections and oversee legislative administration.  
Provide reliable, accurate, and timely information to the  
City Council, staff, and the general public.*

**Steven R. Jones**  
Mayor

**Kris Beard**  
Mayor Pro Tem - District 1

**John R. O'Neill**  
Council Member - District 2

**Thu-Ha Nguyen**  
Council Member - District 3

**Patrick Phat Bui**  
Council Member - District 4

**Stephanie Klopfenstein**  
Council Member - District 5

**Kim Bernice Nguyen**  
Council Member - District 6


March 12, 2018

Dr. Gary A. Linnemann MD  
Dba Pacific Medical Clinic  
1534 E. Warner Avenue, Suite A  
Santa Ana, CA 92705-5475

Enclosed is a copy of Amendment No. 3 to the Agreement by and between the City of Garden Grove and Dr. Gary A. Linnemann MD DBA Pacific Medical Clinic, to provide pre-employment and DMV physicals for the City of Garden Grove Personnel Services Department.

Sincerely,

Teresa Pomeroy, CMC  
City Clerk

By:   
Liz Vasquez  
Deputy City Clerk

Enclosure

c: Finance Department  
Finance Department/Purchasing  
Human Resources Department

**CITY OF GARDEN GROVE**

**AMENDMENT NO. 3**

**To: Provide Pre-Employment and DMV Physicals for the City of Garden Grove Personnel Services Department.**

This Amendment No. 3 to Provide Pre-Employment and DMV Physicals for the City of Garden Grove Personnel Services Department for the City of Garden Grove is made and entered into this 8<sup>th</sup> day of March 2018, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **Dr. Gary A. Linnemann MD dba Pacific Medical Clinic**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. **153429** effective **February 27, 2015**.

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it is mutually agreed, by and between the parties as follows:

Section 1: Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from February 27, 2018 to February 26, 2019.

Section 3: Compensation - shall be revised as follows:

The contract Price is hereby increased from \$74,997.00 to a new Firm Fixed Price of \$99,996.00. This is an increase of \$24,999.00 to cover the third option year per Attachment A.

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 3 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 3/7/18

"CITY"  
CITY OF GARDEN GROVE

By: [Signature]  
City Manager

ATTESTED:  
[Signature]  
City Clerk

Date: 3/8/18

"CONTRACTOR"  
Dr. Gary A. Linnemann MD dba  
Pacific Medical Clinic  
By: [Signature]  
Name: GARY A. LINNEMANN, MD  
Title: MD  
Date: FEBRUARY 14, 2018

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

APPROVED AS TO FORM:  
[Signature]  
Garden Grove City Attorney

3-7-18  
Date



PACIFIC MEDICAL CLINIC  
1534 E. Warner Avenue, #A  
Santa Ana, CA 92705

# Attachment "A"

## CITY OF GARDEN GROVE & PACIFIC MEDICAL CLINIC EMPLOYMENT MEDICAL PROTOCOLS FEE SCHEDULE EFFECTIVE FEBRUARY 27, 2018

### Class 1 – Office/Maintenance

Doctor's Basic Exam	50.00
Audiometric	20.00
PPD	20.00
Substance Abuse Panel	40.00
Chest X-Ray (if needed positive PPD)	<u>40.00</u>
Total:	170.00

### Class 2 – Field Worker/Labor

Doctor's Basic Exam	50.00
Audiometric	20.00
PPD	20.00
Substance Abuse Panel	40.00
Back X-Ray (3 views)	60.00
Chest X-Ray (if needed positive PPD)	<u>40.00</u>
Total:	230.00

### Class 3 – Upgrade Police Officer

Review of Previous Medical Findings	15.00
Evaluation/Full History	<u>30.00</u>
Total:	45.00

### Class 4 – Executive/Management

Doctor's Basic Exam	50.00
Audiometric	20.00
Chem 20 Test	45.00
12 Lead EKG (resting)	50.00
Chest X-Ray	40.00
Pulmonary Function Test	20.00
Hemocult	5.00
Substance Abuse Panel	40.00
Stress EKG Treadmill (if indicated/approved)	<u>155.00</u>
Total:	425.00

Class 5 – Fire/Police (Pre-Placement)

Doctor's Basic Exam	50.00
Audiometric	20.00
Chem 20 Test	45.00
Chest X-ray	40.00
Back X-ray (3 views)	60.00
Pulmonary Function	20.00
Physical Measurements	No Charge
Substance Abuse Panel	40.00
Stress EKG (Treadmill)	155.00
Tetanus, if needed	<u>55.00</u>
Total:	485.00

Class 6 – Police Academy Check

Doctor's Basic Exam	50.00
Substance Abuse Panel	<u>40.00</u>
Total:	90.00

Class 7 – DOT BI-Annual

Doctor's Basic Exam	60.00
Audiometric	<u>20.00</u>
Total:	80.00

Class 8 – Respirator Certification/Recertification

Doctor's Basic Exam	50.00
Chest X-Ray	40.00 (Every 2 years)*
12 Lead EKG (resting)	50.00 (Every 2 years)
Pulmonary Function	20.00
Physical Measurements	No Charge
Certification Letter	<u>No Charge</u>
Total:	160.00

\*Employees who smoke require an annual chest x-ray

Class 9 – Pesticide Baseline

Doctor's Basic Exam	50.00
Chem 20 Test	45.00
Cholinesterase RBC	<u>35.00</u>
Total:	130.00

**Class 10 – Asbestos Certification**

Doctor's Basic Exam	50.00
Chest X-Ray	40.00
Chest X-Ray B Reader (if needed)	58.00
Pulmonary Function	20.00
Physical Measurements	No Charge
Asbestos Certification Letter	<u>No Charge</u>
Total:	168.00

**Class 11 – SWAT Assignment**

Review of Previous Medical Findings	15.00
Evaluation/Full History	30.00
Audiometric	20.00
Chem 20 Test	45.00
Pulmonary Function	20.00
Physical Measurements	8.00
Stress EKG (Treadmill)	<u>155.00</u>
Total:	293.00

**Class 12 – Paramedic School**

Doctor's Basic Exam	50.00
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Employee will bring medical history form that is to be used for this purpose.

**Class 13 – DOT – Firefighter Bi-Annual**

Evaluation/Full History	30.00
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**Class 14 – Cal OSHA 5100 Vaccinations**

Hepatitis B Series (3 immunization series)	375.00
Measles, Mumps, Rubella (MMR)	n/a
Tetanus, Diphtheria, Pertusis (TDAP)	n/a
Varicella (Chickenpox)	<u>n/a</u>
Total:	375.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2017

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).

<b>PRODUCER</b> Insurance Solutions License #0746539 33302 Valle Rd, Suite 200 San Juan Capistrano CA 92675	<b>CONTACT NAME:</b> Sara Davis <b>PHONE (A/C, No, Ext):</b> (949) 348-7400 <b>E-MAIL ADDRESS:</b> sarad@sins-solutions.com		<b>FAX (A/C, No):</b> (949) 348-2173
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> <i>Rosie Bautista</i> DR GARY A LIRNEMANN MD 1534 E WARNER AVE STE A <i>714-557-5599</i> <i>rosie@pacmedclinic.com</i> SANTA ANA CA 92705-5475	<b>INSURER A:</b> Amco Insurance Co <i>ATXV</i>		<b>NAIC#</b> 19100
	<b>INSURER B:</b> <i>oe.uneman-del@pacmedclinic.com</i>		
	<b>INSURER C:</b> <i>DAMELL PRESCOTT</i>		
	<b>INSURER D:</b> <i>949-350-6871</i>		
	<b>INSURER E:</b> <i>CPRESCOTT59@ADL.COM</i>		
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 17-18

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	ADOL SUBR (REQ) (MOD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		ACP7821875918	6/6/2017	6/6/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ACP7821875918	6/6/2017	6/6/2018	COMBINED SINGLE LIMIT (Eq accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	<i>Reviewed and approved as to insurance language and/or requirements.</i> <i>Heidi M. Jay</i> Risk Management 2-210-18			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CITY OF GARDEN GROVE, ITS OFFICERS, EMPLOYERS, AGENTS, & VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED PER ATTACHED ENDORSEMENTS.

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF GARDEN GROVE 11222 ACACIA PKWY GARDEN GROVE, CA 92840	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 T Alessandra/PETERS <i>Tony Alexander</i>

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM**

**A. The following is added to Section II. WHO IS AN INSURED:**

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to**

**Section III. LIMITS OF INSURANCE AND DEDUCTIBLE:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits Of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

**C. This insurance, including any duty we have to defend "suits", does not apply to:**

1. "Bodily Injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
2. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

**All terms and conditions of this policy apply unless modified by this endorsement.**

**SCHEDULE**

**Name Of Person Or Organization:**

**CITY OF GARDEN GROVE  
RISK MANAGEMENT  
11222 ACACIA PKWY  
GARDEN GROVE CA 928405208**

Reviewed and approved as to insurance language and requirements.

*Heidi M. Jay*  
2-26-18



EFFECTIVE DATE: 12:01 AM Standard Time,  
(at your principal place of business)

BUSINESSOWNERS  
PB 25 00 (01-01)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COMPLETE NAMES & ADDRESSES OF THE ADDITIONAL INSURED  
RE: PB6003**

**CITY OF GARDEN GROVE, ITS OFFICERS, EMPLOYEES, AGENTS, & VOLUNTEERS AS  
ADDITIONAL INSURED FOR AUTOMOBILES OWNED, LEASED, HIRED, OR BORROWED BY  
THE CONTRACTOR. CONTRACTOR SHALL PROVIDE TO CITY PROOF OF INSURANCE AND  
ENDORSEMENT FORMS THAT CONFORM TO CITY'S REQUIREMENTS, AS APPROVED BY THE CITY  
RISK MANAGEMENT  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92842**

Reviewed and approved by insurance language  
and requirements

*Deidra M. Jay*  
Management  
2-26-18

**All terms and conditions of this policy apply unless modified by this endorsement.**

PB 25 00 (01-01)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT TO OTHER INSURANCE CLAUSE FOR  
ADDITIONAL INSURED – PRIMARY AND NON-  
CONTRIBUTORY WHEN REQUIRED IN A WRITTEN  
AGREEMENT OR CONTRACT WITH YOU**

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS

Only with respect to any additional insured, in the COMMON POLICY CONDITIONS, form PB 00 09, under condition H. OTHER INSURANCE, paragraph 2.a. is replaced by the following:

**H. OTHER INSURANCE**

2. Under any liability coverage provided by this policy,

a. If for injury or loss we cover, there is other valid and collectible insurance available to any additional insured under another policy, our obligations are limited as follows:

(1) Issued by another insurer, or if there is self insurance or similar risk retention that applies to a loss covered by this policy, then this insurance provided by us shall be excess over such other insurance, unless you have agreed in a written contract or written agreement signed prior to the loss that this insurance shall be primary:

(a) Then this insurance is primary. If other insurance is also primary, we will share with all that other insurance as described in d. below; and

(b) The coverage afforded by this insurance is non-contributory with the additional insured's own insurance.

Paragraphs (a) and (b) do not apply to other insurance to which the additional insured has been added as an additional insured to any other person or organization's policy; or

(2) Issued by us or any of our affiliate companies, that applies to a loss covered by this policy, then only the highest applicable Limit of Insurance shall apply to such loss. This condition does not apply to any policy issued by us that is designed to provide Excess or Umbrella liability insurance.

**All terms and conditions of this policy apply unless modified by this endorsement.**

Reviewed and approved as to insurance language  
and/or requirements.

*Neilson Jay*  
Risk Management  
2-26-18



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/15/2018

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).

<b>PRODUCER</b> Andrew Atsaves ERM c/o Artex Risk Solutions, Inc. 8840 E. Chaparral Rd., Suite 275 Scottsdale, AZ 85250	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (800) 775-2404      FAX (A/C No.): E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <i>Rosie Bautista</i> Employers Resource of America Inc Labor Contractor, for co-employees of: Gary A. Linnemann, M.D., Inc. dba: Pacific Medical Clinic 1301 S Vista Ave #250 Boise, ID 83705 <i>714-557-5599</i> <i>Rosie@Pacmedclinic.com</i>	<b>INSURER A:</b> American Zurich Insurance Company <i>A+XV</i> NAIC # 40142	
	<b>INSURER B:</b>	
	<b>INSURER C:</b> <i>Daniel Prescott</i>	
	<b>INSURER D:</b> <i>949-350-1687</i>	
	<b>INSURER E:</b> <i>dPrescott529@aol.com</i>	
	<b>INSURER F:</b>	


**COVERAGES**      **CERTIFICATE NUMBER:** 17ID004910761      **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.

INSUR LTR	TYPE OF INSURANCE	ADOL SUBS INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> AUTOS ONLY		<i>Reviewed and approved as to insurance language and requirements.</i> <i>Heidi Janz</i> <i>Risk Management</i>			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		<i>2-20-18</i>			EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 02-78-811-02	07/01/2017	07/01/2018	<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
			Location Coverage Period:	07/01/2017	07/01/2018	Client# 642191-CA

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage is provided for only those co-employees of, but not subcontractors to:  
 Gary A. Linnemann, M.D., Inc. dba: Pacific Medical Clinic      Project Name: City of Garden Grove  
 1534 E Warner Ave Ste A      Location: CA  
 Santa Ana, CA 92705      Description of Job: Physical Exams Throughout Policy Period

Endorsements: Waiver of Subrogation

<b>CERTIFICATE HOLDER</b> City of Garden Grove, its officers, officials, agents employees and volunteers Attn: Heidi Janz-Risk Management 14222 Acacia Parkway Garden Grove, CA 92840	<b>CANCELLATION</b> 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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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT – CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the schedule (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be     \$0     of the California workers' compensation premium otherwise due on such remuneration.

**SCHEDULE**

**Person or Organization**

**Job Description**

**IN FAVOR OF:**

City of Garden Grove, its officers, officials, agents employees and volunteers  
Attn: Heidi Janz-Risk Management  
14222 Acacia Parkway  
Garden Grove, CA 92840

Project Name: City of Garden Grove  
Location: CA  
Description of Job: Physical Exams  
Throughout Policy Period

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 02/15/2018

Policy No: WC 02-78-811-02 ✓

Endorsement No:

Insured: Employers Resource of America Inc Labor Contractor, for co-employees of: Gary A. Linnemann, M.D., Inc. dba: Pacific Medical Clinic

Insurance Company: American Zurich Insurance Company

Countersigned by

WC 04 03 06

Copyright 1983 National Council on Compensation Insurance

Reviewed and approved as to insurance language and/or requirements.  
*Heidi M. Janz*  
Risk Management  
2-26-18



COOPERATIVE OF AMERICAN PHYSICIANS

CERTIFICATE OF COVERAGE

Coverage through December 31, 2018

Member: Gary A. Linnemann, MD
Address: 1534 E Warner Ave Ste A
Santa Ana, CA 92705-5420

This certificate confirms that, effective on the coverage date below, the above-named physician is a member of the Cooperative of American Physicians, Inc (CAP) and a participant in the Mutual Protection Trust (MPT). MPT is an unincorporated interindemnity arrangement organized under California Insurance Code section 1280.7. This certificate confers no rights upon the member and does not amend, extend or alter the coverage afforded under the terms, conditions and exclusions of the MPT Agreement.

Table with 4 columns: Membership Number (13895), Medical Specialty (Occupational Medicine), Coverage Date (April 1, 2004), and Retroactive Coverage Date (June 1, 1993). Includes a section for Subspecialty (Family Medicine, With Minor Surgery) and Current Limits of Liability (\$1,000,000 and \$3,000,000).

The member must remain a Member in good standing or arrange for Tail Coverage for any open or potential Claim that may arise during the Coverage Period. Neither CAP nor MPT undertake any obligation to advise any party, other than the named member, of any changes to or termination of this coverage.

Cooperative of American Physicians, Inc.

[Handwritten signature of Alfred De Leon]

Alfred De Leon
Vice President, Membership Services
Mutual Protection Trust

January 08, 2018

Date

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
Risk Management
2-26-18