



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.*

March 12, 2018


ProActive Work Health Services
12828 Harbor Blvd
Garden Grove, CA 92840

Attention: Mark Heralda

Enclosed is a copy of Amendment No. 1 to the Agreement between the City of Garden Grove and ProActive Work Health Services, 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

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

CITY OF GARDEN GROVE

AMENDMENT NO. 1

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

This Amendment No. 1 to Provide Pre-Employment and DMV Physicals for the City of Garden Grove Personnel Services Department is made and entered into this 8th day of March 2018, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **ProActive Work Health Services**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. **156169** effective **February 21, 2018**.

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 21, 2018 through February 20, 2019.

Section 3: Compensation - shall be revised as follows:

The contract Price is hereby increased from \$24,999.00 to a new Firm Fixed Price of \$49,998.00. This is an increase of \$24,999.00 to cover the first option year per Fee Schedule which is attached as 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. 1 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: 
City Manager

ATTESTED:

City Clerk

Date: 3/8/18

"CONTRACTOR"
ProActive Work Health Services

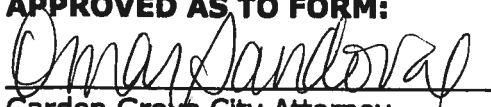
By: _____

Name: MARK HERALISA

Title: DIRECTOR BUSINESS DEVELOPMENT

Date: 2/13/18

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:

Garden Grove City Attorney

3-7-18
Date

**ACTION BY UNANIMOUS CONSENT IN WRITING
OF THE BOARD OF DIRECTORS OF
PROACTIVE WORK HEALTH MEDICAL CENTER, INC.**

The undersigned, being all of the members of the Board of Directors of PROACTIVE WORK HEALTH MEDICAL CENTER, INC., a California corporation, in accordance with the authority granted in Section 307(b) of the California Corporations Code, as amended, and in the Bylaws of the corporation, without the formality of convening a meeting, do hereby unanimously consent to the following action of this corporation, to be effective as of February 11, 2017.

Election of Officers

WHEREAS, it is deemed to be in the best interests of the corporation to elect officers of this corporation to fill the offices of this corporation for the coming year.

NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and they hereby are, elected as officers of this corporation, to hold the offices indicated below, their respective terms of office to commence immediately upon their acceptance of election and to continue until the election of their successors by the Board of Directors of this corporation and the acceptance of election by such successors:

<u>Name</u>	<u>Office</u>
Stephen R. Greene	Chief Executive Officer, President
Stephen R. Greene	Chief Financial Officer, Treasurer
Stephen R. Greene	Secretary

Dated as of February 11, 2017



Stephen R. Greene

Attachment "A"

2018

City of Garden Grove Medical Employment Protocols Fee Schedule

Class 1: Office / Maintenance

- Doctor's Basic
- Audiometric
- PPD
- Substance Abuse Panel
- If necessary for positive PPD - Chest x-ray

45.00
15.00
30.00
40.00
30.00

Class 2: Field Worker / Laborer

- Doctor's Basic
- Audiometric
- PPD
- Substance Abuse Panel
- Back x-ray (3 views)
- If necessary for positive PPD - Chest x-ray

45.00
15.00
20.00
40.00
38.00
30.00

Class 3: Upgrade Police Officer

- Review of Previous Medical Findings
- Evaluation / Full History

23.00
23.00

Class 4: Executive Management

- Doctor's Basic
- Audiometric
- Chem 20 Test
- 12 Lead EKG (resting)
- Chest x-ray
- Hemocult
- Substance Abuse Panel
- If indicated and approved, Stress EKG Treadmill

45.00
15.00
40.00
45.00
30.00
30.00
40.00
90.00

Medical Employment Protocols Fee Schedule

Class 5: Fire / Police (Pre-placement)

- Doctor's Basic
- Audiometric
- Chem 20 Test
- Chest x-ray
- Back x-ray (3 views)
- Pulmonary Function
- Physical Measurements
- Substance Abuse Panel
- ~~Stress EKG (Treadmill)~~
- Tetanus, only if needed

45⁰⁰
15⁰⁰
40⁰⁰
30⁰⁰
88⁰⁰
35⁰⁰
15⁰⁰
40⁰⁰
~~90⁰⁰~~
35⁰⁰

NOT PERFORMED
AT PROACTIVE

Class 6: Police Academy Check

- Doctor's Basic
- Substance Abuse Panel

45⁰⁰
40⁰⁰

Class 7: DOT Bi-annual

- Doctor's Basic
- Audiometric
- Two-minute exercise (pulse, BP)

45⁰⁰
15⁰⁰
12⁰⁰

Class 8: Respirator Certification / Re-certification

- Doctor's Basic
- Chest x-ray
- 12 Lead EKG (resting)
- Pulmonary Function
- Physical Measurements
- Certification Letter

45⁰⁰
30⁰⁰
45⁰⁰
35⁰⁰
15⁰⁰
10⁰⁰

Class 8a: Spirometry

-
- Spirometry

35⁰⁰

Medical Employment Protocols Fee Schedule

Class 9: Pesticide Baseline

- Doctor's Basic
- Chem 20 Test
- Cholinesterase RBC

45⁰⁰
40⁰⁰
30⁰⁰

Class 10: Asbestos Certification

- Doctor's Basic
- Chest x-ray
- Pulmonary Function
- Physical Measurements
- Asbestos Certification Letter

45⁰⁰
30⁰⁰
35⁰⁰
15⁰⁰
10⁰⁰

Class 11: SWAT Assignment

- Review of Previous Medical Findings
- Evaluation / Full Medical History
- Audiometric
- Chem 20 Test
- Pulmonary Function
- Physical Measurements
- Stress EKG Treadmill

23⁰⁰
23⁰⁰
15⁰⁰
40⁰⁰
35⁰⁰
15⁰⁰
90⁰⁰

If history indicates need to perform additional evaluative tests, approval is required

Class 12: Paramedic School

- Doctor's Basic

45⁰⁰

Class 13: DOT Firefighter Bi-annual

- Evaluation / Full History

23⁰⁰

Class 14: CalOSHA Required 5100 Vaccinations

- Hepatitis B Series (3-immunization series)
- Measles, Mumps, Rubella (MMR)
- Tetanus, Diphtheria, Pertusis (TDAP)
- Varicella (Chickenpox)

189⁰⁰
85⁰⁰
90⁰⁰
90⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2018

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 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 CAIQUO INSURANCE AGENCY 5757 W CENTURY BLVD SUITE # 700 LOS ANGELES CA 90045-3561		CONTACT NAME: MICHELLE CAIQUO PHONE (A/C, No, Ext): 310-348-9936 FAX (A/C, No): 310-348-9525 E-MAIL ADDRESS: CAIQUOINSAGENCY@YAHOO.COM	
INSURED PROACTIVE WORK HEALTH SERVICES <i>Andrew Chane</i> 5651 SEPULVEDA BLVD SUITE # 302 SHERMAN OAKS CA 91411-2954 <i>88-574-3754 off. 818-437-8846 cell</i>		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE INSURANCE COMPANY OF AMERI 25453 INSURER B: <i>AT, XV</i> INSURER C: <i>a.chane@proactiveworks.net</i> INSURER D: INSURER E: INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	<input checked="" type="checkbox"/>	ACP BPOZ 2584276042	11/23/2018	11/23/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	ACP BAZ 2584276042	11/23/2018	11/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER 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>Michelle Caiquo</i> <i>2-28-18</i> Risk Management		W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE Location 7:12828 HARBOR BLVD STE 200-240, GARDEN GROVE, CA 92840-5831
Certificate holder is additional insured with respect to general liability per PB0448 11/14 on the primary non-contributory basis per form PB6072 07/11

CERTIFICATE HOLDER CITY OF GARDEN GROVE 11222 ACIACIA PARKWAY GARDEN GROVE CA 92840	CANCELLATION 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 MICHELLE CAIQUO
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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, IT'S OFFICERS, OFFICIALS,
EMPLOYEES, AGENTS AND VOLUNTEERS
PO BOX 3070
GARDEN GROVE CA 928423070**

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

Heidi M. Jay
2-28-18

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT TO OTHER INSURANCE CLAUSE FOR
ADDITIONAL INSUREDS – 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 coverages and/or requirements.
Neidra M. Jay
Risk Management
2-28-18

ATTACHMENT " _____ "

REQUEST FOR EXEMPTION FROM PROVIDING AUTOMOBILE LIABILITY
COVERAGE

Contractor/Consultant by the signature of its authorized representative hereunder represents that all work performed under this contract does not require the Contractor/Consultant, its employees, representatives, or agents, to drive to and from the City of Garden Grove or engage in any driving related to the contractual obligations. However, if, at any time during the performance of the Work contemplated by the Contract Documents, or arising out of the services provided, the Contractor/Consultant, its employees, representatives, or agents should need to drive to and from the City of Garden Grove or engage in any driving to meet the contractual obligations, the Contractor will be responsible for notifying and providing the City/Agency/Sanitary District with evidence satisfactory to the City/Agency/Sanitary District that it has secured automobile liability coverage satisfactory to the City/Agency/Sanitary District, prior to any such Consultant/Contractor, employee, representative or agent, performing any work under the Contract Documents.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, complete, accurate and correct. I also certify that I am authorized to sign this form on behalf of and bind Proactive Work Health Services
Company Name

SIGNATURE OF AUTHORIZED PERSON: 

PRINTED NAME OF AUTHORIZED PERSON: Danica Rossi

TITLE OR POSITION OF AUTHORIZED PERSON: COO

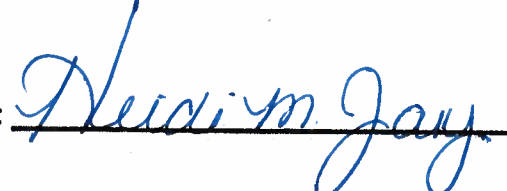
COMPANY NAME: Proactive Work Health Services

DATE: 2/23/18

NOTE: This form shall serve as a request for exemption from providing proof of Automobile Liability Insurance, unless the approval signature from the City of Garden Grove Risk Management Division is present below.

DO NOT FILL OUT THE BOTTOM PORTION OF THIS REQUEST
City/Agency/Sanitary District Use Only

Denied
 Approved

RISK MANAGEMENT DIVISION SIGNATURE: 

DATE: 2-28-18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2018

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 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 TDC Insurance Services PO Box 2960 Napa CA 94558		CONTACT NAME: TDC Insurance Services PHONE (A/C, No, Ext): (800) 852-8872 FAX (A/C, No): (800) 852-9929 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE	
INSURED Andrew Chane 818-574-3754 Proactive Work Health Medical Center, Inc. 132 S Beaudry Ave Los Angeles CA 90012 off: 818-437-8846 cu		INSURER A: Hartford A-XV INSURER B: INSURER C: aChane@ProactiveWorks.net INSURER D: INSURER E: INSURER F:	NAIC #

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <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 \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Reviewed and approved as to insurance and requirements. <i>Hudson Jay</i> Risk Management 2-28-18			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A	72 WEG VK9477	02/23/2018	02/23/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
**This is solely proof of coverage for Proactive Work Health Medical Center, Inc.. This does not provide any coverage for the listed certificate holder.
**This Certificate of Insurance Serves as evidence of coverage for the above mentioned certificate holder subject to the terms and conditions of the policy.
Waiver of Subrogation

Location(s):
Loc#004 11222 Acacia Parkway, Garden Grove CA 92840

CERTIFICATE HOLDER City Of Garden Grove Attn: Risk Management 11222 Acacia Parkway Garden Grove CA 92840	CANCELLATION 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 TDC Insurance Services
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2017

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.

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PRODUCER TDC Insurance Services PO Box 2960 Napa CA 94558	CONTACT NAME: TDC Insurance Services PHONE (A/C No. Ext): (800) 852-8872 FAX (A/C No.): (800) 852-9929 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED <i>Andrew Chane</i> Proactive Work Health Medical Center, Inc., Proactive Wellness System Proactive Work Health Services <i>818-574-3754 off</i> 132 S Beaudry Ave Los Angeles, CA 90012 <i>818-437-8846 cell</i>	INSURER A: Mt. Hawley Insurance <i>At, XI</i>	NAIC # <i>37974</i>
	INSURER B:	
	INSURER C: <i>achane@proactiveworks.</i>	
	INSURER D:	<i>net</i>
	INSURER E:	
	INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		<i>Reviewed and approved as to insurance language under requirements.</i> <i>Nicki M Jay</i> <i>2-28-18</i> Risk Management			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional Liability		MMM0000144	05/01/2017	05/01/2018	Per Claim \$1,000,000 Aggregate \$3,000,000 Deductible \$7,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of coverage for the below insured but solely while acting within the scope of his/her duties on behalf of Proactive Work Health Medical Center, Inc., Proactive Wellness System, and Proactive Work Health Services.
 Insured: Brian Capeloto, MD
 Medical Specialty: Internal Medicine/ General Surgery

CERTIFICATE HOLDER**CANCELLATION**

Proactive Work Health Medical Center, Inc., Proactive Wellness System Proactive Work Health Services 132 S Beaudry Ave Los Angeles, CA 90012	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 TDC Insurance Services
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