

Bid Form

TO: CITY
CITY OF NEEDLES
817 Third Street
Needles, CA 92363

DATE: 2/2/2026

In compliance with the Invitation for Sealed Bids to Provide Homeless Services to Support Housing Access and Stability undersigned, as Bidder, hereby offers to complete the requested services to the City, in accordance with the terms, conditions, requirements and specifications set forth in the Bid documents for the price quoted on this Bid Form to complete the requested services.

CONSULTING FIRM: PACIFIC CLINICS
PRIMARY CONTACT: MARIA MURILLO, EXECUTIVE DIRECTOR
ADDRESS: PHONE 572 N. ARROWHEAD AVE. SAN BERNARDINO CA 92401
NUMBER: 909-266-2700

TOTAL BID – HOMELESS SERVICES PROGRAM \$ 50,000

PROGRAM BUDGET BREAKDOWN

<u>A. Budget Items</u>	<u>Projected Expenses</u>
Personnel Costs (Outreach, Case Management, Admin)	\$ 0.00
Program Operating Costs (Supplies, Basic Needs, Transportation)	\$ 20,000
Short-Term Hotel/Motel Assistance	\$ 22,500
Administrative / Indirect Costs	\$ 7,500
TOTAL BUDGET (Not to exceed \$50,000)	\$ 50,000

The undersigned certifies under penalty of perjury that the quotation on this Bid Form constitutes a bona-fide offer to sell, that he/she is an authorized representative of the company listed, that the quotation is in no way sham or collusive, and that issuance of a Purchase Order by City constitutes acceptance of bidder's offer on the terms and conditions stated in the Bid documents, and forms a contract. Bidder will not withdraw its Bid for at least ninety (90) calendar days from the date and time of the bid opening.


INSURANCE CERTIFICATION

The Bidder certifies that documentation demonstrating the ability to meet the City of Needles' insurance requirements **is attached** to this Bid Proposal. **X Attached**

Pacific Clinics

PRINT NAME – Gordon Richardson

ADDRESS
499 Loma Alta Ave., Los Gatos, CA 95030

AUTHORIZED SIGNATURE 

TELEPHONE NUMBER
(408) 379-3790

ARE YOU CLAIMING A LOCAL BUSINESS PREFERENCE? _____ YES X NO

If yes submit written proof of the address of your principle place of business and a copy of your current City business license.

THIS PAGE MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL FORM



BOARD RESOLUTION
Corporate Signing Authority

WHEREAS, at a meeting of the Board of Directors of Pacific Clinics, (henceforth the "Agency" or "Pacific Clinics"), held in accordance with the law and Agency by-laws on the 25th day of March 2025, at which a quorum of the Board of Directors was present;

BE IT RESOLVED that on March 25, 2025, the Board of Directors of Pacific Clinics authorizes **Kathryn McCarthy**, Chief Executive Officer/President; **Jason Gurahoo**, Chief Financial Officer; **Shawn Caracoza**, Chief Operations Officer; **Kim Wells**, Chief Legal Officer; **Laura Pancake**, Chief Clinical Officer; **Myelsha Gamiño**, Chief Communications Officer; **Rachael Clausen**, Senior Vice President, Administration; **Gordon Richardson**, Senior Vice President, Clinical Administration jointly or individually to negotiate and execute contracts and any and all documents pertaining to the contracts, and to submit claims for reimbursement and to file other financial reports required by said contracts.

AND, FURTHERMORE, that the signatures recorded below are true and correct signatures of the designated individuals.

Title: Chief Executive Officer/President
Name: **Kathryn McCarthy**



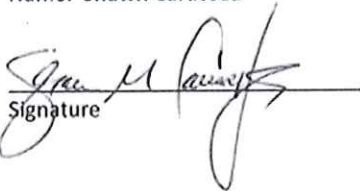
Signature

Title: Chief Financial Officer
Name: **Jason Gurahoo**



Signature

Title: Chief Operations Officer
Name: **Shawn Caracoza**




Signature

Title: Chief Legal Officer
Name: **Kim Wells**



Signature

Title: Chief Clinical Officer
Name: Laura Pancake


Signature


Title: Chief Communications Officer
Name: Myeisha Gamiño


Signature

Title: Senior Vice President,
Administration
Name: Rachael Clausen


Signature

Title: Senior Vice President,
Clinical Administration
Name: Gordon Richardson


Signature

CERTIFICATION

I certify that I am the duly qualified and acting Board Chair of Pacific Clinics, a duly organized and existing 501(c)(3) non-profit organization. The foregoing is a true and correct copy of a resolution adopted by the Board of Directors of said organization, at a meeting legally held on March 25, 2025, and entered into the minutes of such meeting, and is now in full force and effect.

Name: Heather Jones

Signature

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On April 9, 2025 before me, Samantha Vinceli-Miyamoto, notary public

personally appeared Kathryn McCarthy, Jason Evarado, Shawn Caracora, Kim Wells, Laura Pincake, Myeisha Zamirio, Rachael Clauson, Gordon Richardson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Samantha M. Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Board Resolution
Document Date: March 25, 2025
Number of Pages:
Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:
Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:
Signer's Name:
Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:
Signer Is Representing:



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Title: Chief Executive Officer/President
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Name: **Jason Gurahoo**

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Name: **Shawn Caracoza**

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Title: Chief Legal Officer
Name: **Kim Wells**

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Name: Laura Pancake

Title: Chief Communications Officer
Name: Myeisha Gamiño

Signature

Signature

Title: Senior Vice President,
Administration
Name: Rachael Clausen

Title: Senior Vice President,
Clinical Administration
Name: Gordon Richardson

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I certify that I am the duly qualified and acting Board Chair of Pacific Clinics, a duly organized and existing 501(c)(3) non-profit organization. The foregoing is a true and correct copy of a resolution adopted by the Board of Directors of said organization, at a meeting legally held on March 25, 2025, and entered into the minutes of such meeting, and is now in full force and effect.

Name: Heather Jones


Signature

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of LOS ANGELES)

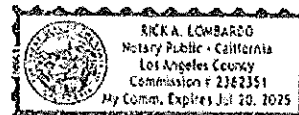
On MAY 16, 2025 before me, RICK A. LOMBARDO,
(insert name and title of the officer)

personally appeared HEATHER MARIE JONES
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



[Handwritten Signature]



**Pacific
Clinics®**

572 N. Arrowhead Avenue, Suite 100
San Bernardino, CA 92401

Introduction

Pacific Clinics is one of California's largest nonprofit behavioral health and social services organizations, with a long history of delivering high-quality, community-based services across the Inland Empire. Through decades of partnership with San Bernardino County, the Agency has implemented evidence-based programs, housing-stabilization services, and recovery-oriented supports that prioritize dignity, cultural humility, and long-term well-being.

In the City of Needles specifically, Pacific Clinics has successfully operated the Clubhouse Program for several years, offering psychosocial rehabilitation, basic-needs support, engagement, and community integration services. The Clubhouse has become a trusted safe space for residents 18 and over experiencing behavioral health challenges, housing instability, and acute social needs. Staff are well-embedded in the community, familiar with local dynamics, and experienced in navigating the unique barriers faced by rural residents.

Due to Pacific Clinics' longstanding presence, it has organically become a point of contact for individuals experiencing unsheltered homelessness. Clubhouse staff routinely conduct informal outreach, crisis support, and warm hand-offs to County and regional partners. This existing foundation—combined with its clinical expertise and administrative infrastructure—positions Pacific Clinics as the strongest candidate to deliver the full scope of homeless services requested in this RFP. The Agency has many partnerships in the Needles community, including the organizations below.

Firehouse Ministries-Needles, CA
Set Free Ministries-Needles, CA
Sage Motel (Veterans)-Needles, CA
Catholic Charities-Bullhead City, AZ
Safehouse of Bullhead City-Bullhead City, AZ
Housing Authority-Needles, CA
San Bernadino County Office-Needles, CA
New Low-Income Housing-Needles, CA

Experience Supporting the Homeless Population

Pacific Clinics operates multiple programs serving individuals experiencing homelessness, such as Family Resource Centers, Full-Service Partnerships, Housing Navigation, Enhanced Care Management, Clubhouses, and Transitional Housing. Its staff are trained in trauma-informed

care, harm-reduction strategies, Motivational Interviewing, and safety-driven field engagement. In Needles, Pacific Clinics' Clubhouse team already interacts directly with the homeless population, providing peer support services, case management, basic-needs support, transportation coordination, and informal stabilization.

This existing engagement allows Pacific Clinics to seamlessly scale into the formalized scope of work outlined by the City of Needles—ensuring immediate implementation, minimal startup time, and continuity of trusted relationships with the unsheltered community.

Project Team's Experience

This project will be supported by a highly experienced team currently providing services in Needles through the Clubhouse Program:

- Dr. Candy Curiel – Senior Clinical Director
- Mauricio Cruz – Program Director I
- Matthew Talley – Team Supervisor
- Sonya Vicario – Lead Clubhouse Specialist
- Heather Nash – Clubhouse Specialist

Together, this team brings **over 31 years of combined experience** serving the San Bernardino County community. Their deep expertise in delivering **evidence-based practices** through the Clubhouse & Community Supports Program, and other vital behavioral health services uniquely positions them to achieve strong, measurable outcomes for this project.

Scope of Work

Pacific Clinics fully understands the expectations outlined in the RFP: weekly outreach; limited, strategic use of emergency shelter as a temporary bridge; transportation support; case management; documentation assistance; HMIS data entry; CES participation; and strict monthly reporting of service activity and expenditures. This proposal directly aligns with all components of the scope of work and the City's timeline through August 31, 2026.

Proposed Methodology & Management Plan

The following methodology and management plan presents a structured approach to executing the project efficiently and in alignment with the requirements of this RFP. This project will be embedded in an existing program in the city of Needles where the scope of work aligns with already existing programming and services. The processes, roles, and management controls will achieve project objectives, maintain quality, and ensure timely and coordinated delivery.

A. Weekly Street Outreach

Pacific Clinics will implement a structured and relationship-centered Weekly Street Outreach strategy to engage individuals experiencing homelessness throughout the City of Needles. Building on the organization's presence in the community and the trusted relationships already established through the Needles Clubhouse Program, outreach staff will conduct scheduled weekly engagements across known encampments, public spaces, and areas identified through community partner referrals. This model ensures consistent visibility, reliability, and trauma-informed support for unsheltered residents

During each outreach visit, the Clubhouse team will provide trauma-informed engagement, distribute essential basic-needs supplies, and maintain supportive contact to foster trust and encourage participation in services. Staff will log all encounters in the Electronic Health Record (EHR), track follow-up needs, and maintain accurate records of outreach activities. Warm hand-offs will be made to housing providers, behavioral health clinicians, crisis teams, and local partners to ensure that individuals are linked quickly to stability-oriented resources. These activities directly align with Pacific Clinics' demonstrated expertise in outreach, case management, and community-based service navigation.

B. Strategic Use of Emergency Shelter

Pacific Clinics will utilize **short-term hotel/motel placements as a limited, strategic bridge** to housing stability for individuals experiencing unsheltered homelessness in the City of Needles. Emergency placements will be reserved for participants who present with acute safety risks, medical or behavioral health vulnerabilities, or imminent barriers to housing navigation that cannot be addressed while living outdoors. The objective is to stabilize participants briefly in a safe environment, then **transition them as quickly as possible to longer-term solutions** through coordinated housing navigation and case management.

The Agency's outreach and case management staff will determine eligibility for short-term stays based on documented risk and readiness for next steps in the housing pathway. Decisions will consider clinical acuity, environmental safety, vulnerability indicators, and the immediate availability of housing or service milestones (e.g., scheduled CES assessment, ID/Vital Records appointments, or unit viewings). Each placement will have **clear start and end dates**, a stabilization goal, and a step-down plan to avoid prolonged reliance on temporary lodging.

C. Case Management & Service Navigation

Pacific Clinics will provide **comprehensive, person-centered Case Management and Service Navigation** designed to support individuals experiencing homelessness in achieving housing

stability, improved health outcomes, and increased self-sufficiency. This approach builds on the organization's long-standing experience delivering trauma-informed, community-based services in the City of Needles. Staff will be trained in **trauma-informed care, harm-reduction strategies, Motivational Interviewing, and safety-driven field engagement**, ensuring that all interactions are grounded in dignity and client empowerment.

Clubhouse Specialists will begin by completing individualized **housing assessments** and enrolling eligible participants into the **Coordinated Entry System (CES)**. This includes gathering housing histories, barriers, vulnerability factors, and service needs. These assessments ensure that participants are properly prioritized within the regional housing system and connected to the most appropriate resources.

A central component of service navigation includes helping participants obtain essential documents needed for housing, benefits enrollment, and identity verification—including **legal identification, birth certificates, and other vital records**. This documentation support is critical for advancing individuals through CES and securing income or benefits necessary for long-term stability.

Pacific Clinics will actively connect participants to a broad array of services, including **income supports, medical care, behavioral health treatment, employment assistance, and crisis interventions**. Staff will coordinate with local providers, County departments, and community partners to ensure timely access to needed care and follow-through on referrals. This multi-disciplinary approach addresses both immediate barriers and long-term stabilization needs.

Participants will receive regular **case management** focused on reducing barriers to permanent housing—completing CES assessments, gathering documents, preparing for unit searches, attending housing appointments, and navigating application or inspection processes. Staff will maintain consistent communication, track participant progress, and collaborate with housing providers to ensure smooth transitions between each step of the housing pipeline.

D. Transportation Assistance

Transportation is a critical component of Pacific Clinics' service delivery model, ensuring participants can access the appointments, services, and housing milestones necessary for long-term stability. To support this, the program will provide **flexible, needs-based transportation assistance**, including **bus passes, Uber or rideshare services, fuel cards, and staff-provided transport** for essential or required appointments. This multimodal approach ensures that mobility barriers do not delay a participant's progress toward housing, health care, benefits, or behavioral health services.

Transportation support will be integrated directly into each participant’s service plan and coordinated through their assigned case manager to maintain continuity and alignment with housing goals. By embedding transportation services within the broader case management workflow, Pacific Clinics ensures that participants can reliably attend **CES assessments, documentation appointments, medical evaluations, housing search activities, employment meetings, and crisis-related interventions**, all of which are essential components of the housing navigation process.

To ensure accountability and compliance with City and County standards, staff will maintain **detailed mileage logs and transportation expense reports**, documenting the purpose of each trip and its connection to a participant’s service plan. This documentation process aligns with Pacific Clinics’ larger reporting structure and quality-assurance practices, which include monthly fiscal packets and HMIS-generated service reports submitted to the City

By offering reliable, timely, and person-centered transportation assistance, Pacific Clinics removes one of the most persistent barriers faced by individuals experiencing homelessness—particularly in rural communities like Needles, where long distances, limited transit options, and extreme weather can significantly restrict access to essential services. This support enables participants to maintain momentum in their housing journey and promotes successful engagement across all program components, ultimately contributing to greater stability and improved outcomes.

E. HMIS Data Entry & CES Participation

Pacific Clinics will ensure that all services are **documented in HMIS within required timelines**, maintaining accurate, compliant, and real-time service records to support coordination across the regional homelessness response system. Staff are trained in HMIS data entry and will follow established protocols to ensure consistency, accuracy, and accountability.

In alignment with regional expectations, Pacific Clinics will actively participate in the **Coordinated Entry System (CES)**, including case conferencing, prioritization processes, and referral coordination. This participation ensures that individuals served through outreach, emergency shelter, and case management are connected efficiently to housing pathways and higher-level supports.

Together, HMIS documentation and CES engagement provide a streamlined, transparent, and collaborative service approach that strengthens outcomes and supports the City’s broader homelessness response.

F. Reporting & Compliance

Pacific Clinics will maintain strict adherence to all **reporting and compliance requirements**, ensuring transparency, accuracy, and timely documentation throughout the contract period. The program will submit **monthly HMIS-generated service reports** by the first business day of each month, accompanied by **monthly fiscal packets** that include receipts, logs, and all required supporting documentation.

To ensure ongoing accountability and alignment with contract expectations, the Pacific Clinics project team will conduct **monthly internal meetings** to review service delivery, expenditures, data quality, and performance benchmarks. This structured oversight process supports consistent compliance, high-quality service delivery, and effective partnership with the City of Needles.

Timeline for Completion of Services

The project will launch immediately upon contract execution. During the **first month**, Pacific Clinics' administrative and program leadership teams will develop all required protocols, procedures, and documentation tools needed for full implementation. This includes the creation of outreach logs, transportation logs, shelter placement documentation, CES workflow guidance, HMIS data-entry procedures, safety protocols, and quality-assurance checklists. Training will be provided to ensure all staff are aligned with expectations, documentation standards, reporting timelines, HMIS training, and County-required procedures.

Pacific Clinics will also partner closely with San Bernardino County departments—including DBH, Housing & Community Development, and CES system leads—to ensure a smooth launch. This includes confirming HMIS access, aligning CES assessment workflows, clarifying referral processes, and participating in any required County onboarding or coordination meetings.

Weekly outreach will begin in the **second month** and continue through August 31, 2026. Monthly HMIS data and fiscal documentation will be submitted by the first business day of each month. Quarterly performance reviews will be completed with City staff, and a full outcomes report will be submitted in September 2026 for grant close-out.

Total Cost to the City

The total cost of services is \$50,000, in full alignment with the RFP requirements. A detailed budget breakdown is provided on the official Bid Form. Staffing time will be supported through an existing San Bernardino County-funded Clubhouse Program, allowing the proposed budget to be leveraged efficiently and cost-effectively.



DATE: _____

TO: _____

ACCOUNT/EMPLOYER: _____

RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the California Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #15105). The company is rated "A++ Superior" Category "XV" by A.M. Best & Company.

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit
Term of Coverage

Effective Date: January 1, 2026

Expiration: January 1, 2027

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

Jacqueline Harris
Director of Underwriting
RPS Monument

7 Great Valley Parkway | Suite 290
Malvern, PA 19355 | T 610.647.4466 | F 610.647.0662 | www.RPSins.com

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

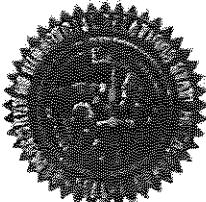
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004


MARK T. JOHNSON
DIRECTOR

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


JOHN M. REA
DIRECTOR

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the adequacy of such employer, the insolvency of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 8—Administration of Self-Insurance.



Effective date of this Endorsement: 01-Mar-2025

This Endorsement is attached to and forms a part of Policy Number: W21FDE250804

Syndicate 3623 at Lloyd's. Referred to in this endorsement as either the "Insurer" or the "Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that solely in relation to coverage provided under Clause I, **INSURING AGREEMENTS**, A. 2. General Liability, Clause II, **PERSONS INSURED** is amended to include any entity for which the Insured has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the Named Insured and that is also named in a Claim if all of the following conditions are met:

1. The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
2. This insurance applies to such liability assumed by the Insured;
3. The obligation to defend the Additional Insured has also been assumed by the Insured in the same contract or agreement;
4. The allegations in the Claim and the information known about the incident are such that no conflict appears to exist between the interests of the Insured and the interests of the Additional Insured;
5. The Additional Insured and the Insured ask Underwriters to conduct and control the defense of that Additional Insured against such Claim and agree that Underwriters can assign the same counsel to defend the Insured and the Additional Insured;
6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the Claim;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

E02293
072019 ed.

Page 1 of 2

All other terms and conditions of this Policy remain unchanged.



Authorized Representative

E02203
072019 ed.

Page 2 of 2

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE ELITE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

Following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Who is An Insured		2
Board Members	Included	
Newly Acquired Entities	Included	
Designated Insured	Included	
Lessor of Leased Autos	Included	
Cost of Bail Bonds	\$5,000	2
Reasonable Expenses – Loss of Earnings	\$500 per day	2
Fellow Employee Coverage	Amended	3
Towing	\$100 per disablement	3
Glass Breakage (Windshields and Windows)	No deductible applies	3
Transportation Expenses	\$100 per day / \$3,000 maximum	3
Hired Auto Physical Damage – Loss of Use	\$100 per day / \$1,000 maximum	3
Hired Auto Physical Damage	ACV or repair or replacement of the vehicle whichever is less	4
Personal Effects	\$500	4
Rental Reimbursement	\$100 per day / 30 days	4
Accidental Discharge – Air Bag	Amended	4
Electronic Equipment	\$1000	5
Original Equipment Manufacturer Parts Replacement	Included	5
Auto Loan / Lease Gap Coverage	Amended	5
One Comprehensive Coverage Deductible Per Occurrence	Amended	6
Notice of and Knowledge of Occurrence	Amended	7
Blanket Waiver of Subrogation	Amended (as required by written contract)	7
Unintentional Errors or Omissions	Amended	7
Mental Anguish – Bodily Injury Redefined	Amended	7

Coverage extensions under this endorsement only apply in the event that no other specific coverage for these extensions is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted in this endorsement.

Any deductible listed in the Auto Declarations Page will apply unless specific deductible provisions are set forth under a coverage enhancement below.

I. LIABILITY COVERAGE EXTENSIONS

A. Who Is An Insured

SECTION II – LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured is amended by adding the following:

The following are also "insureds":

1. **Board Members** – Board members (or their spouses) while renting a vehicle while on business for the named insured.
2. **Newly Acquired Entities** – Any business entity newly acquired or formed by you during the policy period, provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following the acquisition or the formation of the business entity.
3. **Designated Insured** – Any person or organization designated by the "insured" is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **SECTION II** of the Coverage Form.
4. **Lessor of Leased Autos** – The lessor of a "leased auto" is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

Any "leased auto" in the policy schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

The coverages provided under this endorsement apply to any "leased auto" in the policy schedule until the expiration date of the lease, or when the lessor or his or her agent takes possession of the "leased auto," whichever occurs first.

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

B. Cost of Bail Bonds

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (2) is deleted in its entirety and replaced with the following:

- (2) Up to \$5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

C. Reasonable Expenses

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (4) is deleted in its entirety and replaced with the following:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

D. Fellow Employee Coverage

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee is deleted in its entirety and replaced by the following:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

However, this exclusion does not apply to any manager or officer of your company.

II. PHYSICAL DAMAGE COVERAGE EXTENSIONS

A. Towing

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing is deleted in its entirety and replaced with the following:

2. Towing

We will pay up to \$100 for towing and labor costs incurred each time a covered "auto" is disabled. However, the labor must be performed at the place of disablement. No deductible applies to this enhancement.

B. Glass Breakage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles is amended by adding the following:

No deductible applies to "loss" to glass used in the windshield or windows.

C. Transportation Expenses

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses is deleted in its entirety and replaced with the following:

a. Transportation Expenses

We will pay up to \$100 per day to a maximum of \$3,000 for temporary transportation expenses incurred by you because of a "loss" to a covered "auto." We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

D. Hired Auto Physical Damage – Loss of Use

The last sentence of **SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, b. Loss of Use Expenses** is deleted in its entirety and replaced with the following:

However, the most we will pay for any expenses for loss of use is \$100 per day, to a maximum of \$1,000.

E. Hired Auto Physical Damage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Hired Auto Physical Damage

Any "auto" you lease, hire, rent or borrow from someone other than your "employees" or partners, or members of their household is a covered "auto" for each of your physical damage coverages.

The most we will pay for any "loss" in any one "accident" is the ACV or the cost for repair or replacement of the vehicle, whichever is less.

For each covered "auto" our obligation to pay will be reduced by a deductible of \$500 for Comprehensive Coverage and \$1000 for Collision Coverage.

F. Personal Effects Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Personal Effects Coverage

We will pay up to \$500 for "loss" to personal effects, which are:

1. Owned by an "insured"; and
2. In or on your covered "auto."

This coverage applies only in the event of the total theft of your covered "auto." No deductible applies to this coverage.

G. Rental Reimbursement

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Rental Reimbursement Coverage

We will pay up to \$100 per day, for up to 30 days, for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto."

We will also pay up to \$300 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered "auto."

If "loss" results from the total theft of a covered "auto," we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Item III. C. **Transportation Expenses** of this endorsement.

H. Accidental Discharge – Airbag Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions, Paragraph 3. Is amended by adding the following exception:

This exclusion does not apply to the accidental discharge of an airbag. This coverage is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

I. Electronic Equipment Coverage

The following supersedes anything to the contrary in **SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions, Paragraph 4.**

Exclusions 4.c. and 4.d. do not apply to:

Any risk management or monitoring equipment and electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss," and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."

The most we will pay for all "loss" to risk management or monitoring equipment, audio, visual or data electronic equipment that is not designed solely for the reproduction of sound and any accessories used with this equipment as a result of any one "accident" is the least of:

- a. The actual cash value of the damaged or stolen property at the time of the "loss";
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
- c. \$1,000.

This coverage will not apply if there is other insurance provided by this policy for the above-described electronic equipment. We will, however, pay any deductible, up to \$500, that is applicable under the provisions of the other insurance.

J. Original Equipment Manufacturer (OEM) Parts Replacement

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance, Paragraph 1. is amended to include:

However, if the covered "auto" has less than 20,000 miles on its odometer, then the following condition will apply:

We will pay the cost to replace the damaged parts (excluding glass and mechanical parts) with new Original Equipment Manufacturer replacement parts if the damaged parts cannot be repaired.

K. Auto Loan / Lease Gap Protection

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance is amended to include the following:

4. In the event of "loss" to a covered "auto" that is loaned or leased to an "insured":
 - a. The most we will pay for "loss" in any one "accident" is the lesser of:

- (1) The actual cash value of the damaged or stolen property as of the time of the "loss";
or
 - (2) The cost of repairing or replacing the damaged or stolen property with other property of like, kind and quality.
- b. Our Limit of Insurance for "total loss" will be the greater of:
- (1) The balance due under the terms of the lease or loan, to which your "auto" is subject but not including:
 - (a) Past due payments;
 - (b) Financial penalties imposed under the lease;
 - (c) Security deposits not refunded;
 - (d) Costs for extended warranties or insurance; or
 - (e) Final payment due under a "balloon loan"; or
 - (2) Actual cash value of the stolen or damaged property.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of "loss."

c. Additional Definitions

- (1) "Total loss" for the purpose of this coverage, means a loss in which the estimated cost of repairs, plus the salvage value, exceeds the actual cash value.
- (2) "Balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

d. Additional Conditions

This coverage will apply only to the original lease or loan written on your covered "auto." In order for this coverage to apply, leased "autos" must be leased or rented to you under a leasing or rental agreement, for a period of not less than six months, which requires you to provide direct primary insurance for the benefit of the lessor.

L. One Comprehensive Coverage Deductible

SECTION III – PHYSICAL DAMAGE COVERAGE, D. Deductible is amended by adding the following:

Only one Comprehensive Coverage Deductible per occurrence will apply to any "loss" resulting from a covered peril.

For the purpose of this extension, occurrence means a single incident, including continuous or repeated exposure to substantially the same general harmful conditions within a 24-hour period.

III. BUSINESS AUTO CONDITIONS

A. Notice and Knowledge of Occurrence

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss, Paragraph a. is deleted in its entirety and replaced with the following.

- a. In the event of "accident," claim, "suit" or "loss," you must give us, or our authorized representative, prompt notice of the "accident" or "loss." Include:

- (1) How, when and where the "accident" or "loss" occurred;
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

B. Blanket Waiver Of Subrogation

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us, is amended by adding the following exception:

However, we waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract."

C. Unintentional Errors or Omissions

SECTION IV BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation, Or Fraud is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

IV. DEFINITIONS

A. Mental Anguish

SECTION V – DEFINITIONS, C. "Bodily injury" is amended by adding the following:

"Bodily injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.