



Meeting Date: 12/13/11

ACTION	TYPE OF ITEM
<input type="checkbox"/> Approved Recommendation	<input checked="" type="checkbox"/> Info/Consent
<input type="checkbox"/> Ord. No(s). _____	<input type="checkbox"/> Report
<input type="checkbox"/> Res. No(s). _____	<input type="checkbox"/> Public Hearing (Info/consent)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Prepared By: Eduardo M. Miranda Agenda Item No. **I-13**

Reviewed By: City Manager [Signature] City Attorney [Signature] Finance [Signature] Other (Specify) _____

DATE: November 29, 2011

TO: City Council

FROM: Jeri Williams, Chief of Police [Signature]
Police Department

SUBJECT: Amendment to Agreement with Coastal Occupational Medical Group

RECOMMENDATION

That City Council approve and authorize the Mayor to execute an amendment to the agreement with Coastal Occupational Medical Group, 5243-10-PO, in the amount of \$142,500 for an additional two years for a total contract amount of \$285,000.

DISCUSSION

The proposed amendment to the Agreement for Trade Services with Coastal Occupational Medical Group in the amount of \$142,500 is for the Oxnard Police Department Wellness Program consultations and for physical examinations conducted during the Oxnard Police Department hiring process. This amendment will extend the current contract of 24 months for an additional 24 months for a total of 48 months. The City shall pay the vendor no more than \$142,500 per year for the last two years of the agreement for a total contract amount of \$285,000.

The Wellness Program is used by current personnel to monitor their physical activity and health. It is a benefit to the employee because it allows the employee to make any changes necessary to improve ones health.

During the hiring process, the applicant needs to pass the physical exam that is conducted by Coastal Occupational Medical Group. This is the last phase in the hiring process. This phase of the process is important so the department is not hiring somebody with a pre-existing injury or medical condition.

The Coastal Occupational Medical Group was selected because it provides a variety of services that are not provided by other medical groups.

FINANCIAL IMPACT

There are sufficient funds in account number 101-2101-802-8211.

Agreement with Coastal Occupational Medical Group
November 29, 2011
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Attachment #1 – First Amendment to Agreement for Trade Services with Coastal Occupational Medical Group.

FIRST AMENDMENT TO AGREEMENT FOR CONSULTING SERVICES

This First Amendment ("First Amendment") to the Agreement for Consulting Services ("Agreement") is made and entered into in the County of Ventura, State of California, this 31st day of December, 2011, by and between the City of Oxnard, a municipal corporation ("City"), and Coastal Occupational Medical Group ("Consultant"). This First Amendment amends the Agreement entered into on December 31, 2009, by City and Consultant.

City and Consultant agree as follows:

1. In Paragraph 11 of the Agreement, the date "December 31, 2011" is deleted and replaced with the date "December 31, 2013".
2. As so amended, the Agreement remains in full force and effect.

CITY OF OXNARD

COASTAL OCCUPATIONAL MEDICAL GROUP

Dr. Thomas E. Holden, Mayor

Tom Gaughn, P.A.
Coastal Occupational Medical Group

ATTEST

APPROVED AS TO INSURANCE:

Daniel Martinez, City Clerk

✓ James Cameron
James Cameron, Risk Manager

APPROVED AS TO FORM:

APPROVED AS TO CONTENT:

Alan Holmberg *for*
Alan Holmberg, City Attorney 11-15-11

Jeri Williams
Jeri Williams, Chief of Police

APPROVED AS TO CONTENT:

APPROVED AS TO AMOUNT:

Sgt. Eduardo M. Miranda
Sgt. Eduardo M. Miranda, Project Manager

Edmund F. Setelo
Edmund F. Setelo, City Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/7/2011

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 TIWI Insurance Services LLC - #0E52073 196 S. Fir Street PO Box 1388 Ventura CA 93002-1388	CONTACT NAME: Alyse Hughes	
	PHONE (A/C No. Ext): (805) 585-6731	FAX (A/C No.): (805) 585-6831
	E-MAIL ADDRESS: ahughes@twiw.com	
	PRODUCER CUSTOMER ID #: 00044315	
INSURED Coastal Occupational Medical Group 1901 Outlet Center Drive #100 Oxnard CA 93036	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Continental Casualty Co	NAIC # 20443
	INSURER B: Employers Compensation Ins Co	11512
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 11/12 MAIN CERT** **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 WVD	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		B 2090748023	8/1/2011	8/1/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC					
	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 DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	SMC0026360 04 /379415	10/1/2011	10/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
GL: Certificate Holder is Additional Insured as respects to operations of the named insured, per attached SB-146932-D (Ed. 07/09). Endorsement applies only as required by a written contract during the policy term.

CERTIFICATE HOLDER

xanh

City of Oxnard
Attn: Risk Manager
300 West Third Street, #302
Oxnard, CA 93030

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

Dave Rucker/ALYSEH

ATTACHMENT NO 1
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