

# ALAMEDA UNIFIED SCHOOL DISTRICT

Excellence & Equity For All Students

## Professional Services Agreement

This Agreement is entered into between the Alameda Unified School District (AUSD) and Nirelle Collins (CONTRACTOR). AUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, account, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR is specially trained, experienced, and competent to provide such services. The parties agree as follows:

**1. Services.** The CONTRACTOR shall provide the following services:

Live (real-time) closed captioning services for special education student per IEP.

**2. Terms.** CONTRACTOR shall commence work on August 15, 2019, or the day immediately following approval by an executive cabinet member, if the total amount the CONTRACTOR has contracted with the District is below \$92,600 in the current fiscal year, or the Board of Education if total Agreement equals or exceeds \$92,600, whichever is later. All contracts over \$25,000 must be presented to the Board of Education for approval within sixty (60) days of work commencing. The work shall be completed no later than June 30, 2020.

**3. Compensation.** Check one of the following boxes:

This sum shall be for full performance of this Agreement and includes fees, costs, and expenses incurred by CONTRACTOR including, but not limited to labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

**3.1.1** ☐ CONTRACTOR is providing services for a flat fee which shall not exceed \$ \_\_\_\_\_.

**3.1.2** ☒ CONTRACTOR will be compensated at an hourly rate. Contractor will provide a maximum of hours of service at a rate of \$ 100.00 per hour for a total not to exceed \$ 108,000.00.

**3.1.3** ☐ Other: \_\_\_\_\_.

AUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred or equipment, materials or supplies used by CONTRACTOR in performing services for AUSD, except as follows: N/A

Payment for the work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to AUSD for work actually completed and after AUSD's written approval of the work, or the portion of the work for which payment is to be made.

The granting of any payment by AUSD or the recipient thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by District and in that case must be replaced by CONTRACTOR without delay.

**4. Strategic Alignment. Check one of the following boxes:**

- 4.1 ☐ **School-based Agreements:** How does this service support your academic goals and increase student achievement as described in the Board-approved School Site Plan? \_\_\_\_\_
- 4.2 ☒ **Central Office Agreements:** How does this service support the overall strategic goals of the department and increase student achievement? Provides enhanced communication tool for special education student with visual impairment.

**5. Conduct of Contractor.** CONTRACTOR will adhere to the following staff requirements and provide AUSD with evidence of staff qualifications, prior to commencing the work under this Agreement and consistent with invoicing requirements outlined in Section 9, which include:

**5.1 Tuberculosis Screening. Check one of the following boxes:**

- 5.1.1 ☒ TB Clearance will be completed through the AUSD Human Resources Department prior to starting work.
- 5.1.2 ☐ Agency requires all employees or subcontractors to complete TB testing and maintains current records accessible to AUSD upon request.
- 5.1.3 ☐ **Waiver of TB Screening.** CONTRACTOR is not required to provide evidence of TB Clearance because CONTRACTOR will not work directly with students on more than an occasional basis.
- \_\_\_\_\_(CONTRACTOR initials)
- \_\_\_\_\_(District Representative initials)

**5.2 Fingerprinting of Employees and Agents.** The fingerprinting and criminal background investigation requirements of Education Code Section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code Section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by AUSD or acting as independent contractors of CONTRACTOR, who may have contact with AUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code Section 45122.1. CONTRACTOR further certifies that it has received and reviewed fingerprint results for each of its Employees and CONTRACTOR has requested and reviewed subsequent arrest records for all Employees who may come into contact with AUSD pupils in providing services to the District under this Agreement."

5.2.1 ☒ Fingerprint Clearance will be completed through the AUSD Human Resources Department prior to starting work.

5.2.2 ☐ Agency requires all employees or subcontractors to complete fingerprinting and maintains current records accessible to AUSD upon request.

5.2.3 ☐ Waiver of Fingerprint Requirement. CONTRACTOR is not required to comply with section 7.2 because CONTRACTOR's services are of limited duration and District employees will directly supervise CONTRACTOR at all times that CONTRACTOR is in the presence of students.

\_\_\_\_\_(CONTRACTOR initials)

\_\_\_\_\_(District Representative initials)

5.3 **Removal of CONTRACTOR's Employee(s).** In the event that AUSD, in its sole discretion, at any time during the term of this Agreement, desires the removal of any CONTRACTOR related persons, employee, representative, or agent from an AUSD school site and/or property, CONTRACTOR shall immediately upon receiving notice from AUSD of such desire, cause the removal of such person or persons.

6. **Insurance.** CONTRACTOR will provide AUSD with evidence of the following insurance coverage prior to commencing the work under this Agreement:

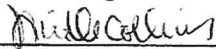
6.1 **Workers' Compensation Insurance.** Check one of the following boxes. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check only one of the boxes below:

☐ The CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that Code, and will provide AUSD proof of coverage before commencing the performance of the work of this Agreement. \*CONTRACTOR acknowledgement \_\_\_\_\_

☒ The CONTRACTOR does not employ anyone in the manner subject to the Workers' Compensation laws of California.

6.2 **General Liability Insurance.** CONTRACTOR shall maintain general liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to AUSD and shall name AUSD as an additional insured with endorsement. Inclusion of AUSD as an additional insured shall not affect AUSD's right to a claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and AUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the insurer would have been liable if only one interest were named as an insured. CONTRACTOR will provide AUSD proof of coverage naming AUSD as additional insured before commencing the performance of the work of this Agreement.

\*CONTRACTOR acknowledgement 

6.3 **Professional Liability Insurance.** If CONTRACTOR is offering AUSD professional advice under this Agreement, CONTRACTOR shall maintain errors and omissions insurance or professional liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

6.3.1 ☒ **Waiver of Professional Liability Insurance.** CONTRACTOR is not required to maintain professional liability coverage.

Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.

 (CONTRACTOR initials)  
 (District Representative initials)

**Notices.** All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

**AUSD Representative:**

Name: Kirsten Zazo

E-mail: kzazo@alamedaunified.org

Site/Dept: Alameda Unified School District

Address: 2060 Challenger Drive, Alameda, CA 94501

Phone: (510) 337-7095

**CONTRACTOR:**

Name: Nirelle Collins

Title: \_\_\_\_\_

Address: 48 Desvio Court

Pacifica, CA 94044

Phone: (650) 270-3515

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change in address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

7. **Invoicing.** Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to AUSD. All amounts paid by AUSD shall be subject to audit by AUSD.

7.1 Invoice shall include but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, and total payment requested.

7.2 In addition, unless specifically waived by AUSD as set forth above, invoices from Agencies or Organizations must include evidence of compliance with section 7 herein.

8. **Licenses and Permits.** CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

9. **Contractor Qualifications / Performance of Services.**

9.1 **Contractor Qualifications.** CONTRACTOR is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and regulations, as they may apply.

9.2 **Standard of Care.** CONTRACTOR represents that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of AUSD. Contractor's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.

- 10. Status of Contractor.** This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of AUSD, and are not entitled to benefits of any kind or nature normally provided employees of AUSD and/or to which AUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation. CONTRACTOR shall assume full responsibility for payment of all federal, state, and local taxes or contributions, including unemployment insurance, social security, and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work. AUSD's interest is only in the results obtained.
- 11. Assignment.** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of AUSD.
- 12. Anti-Discrimination.** It is the policy of AUSD that in connection with all work performed under contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the CONTRACTOR agrees to comply with applicable federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and AUSD policy. In addition, the CONTRACTOR agrees to require like compliance by all its subcontractors. Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex, or sexual orientation.
- 13. Drug-Free/Smoke Free Policy.** No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on AUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to smoke or use drugs or alcohol on these sites.
- 14. Indemnification.** CONTRACTOR agrees to hold harmless, indemnify, and defend AUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend AUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of the Agreement. This provision survives termination of this Agreement.
- 15. Copyright/Trademark/Patent/Ownership.** CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of AUSD and cannot be used without AUSD's express written permissions. AUSD shall have all rights, title, and interest in said matters, including the right to secure and maintain the copyright, trademark and/or patent of said matter in the name of AUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance, and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes, or any other original works of authorships, or other documents prepared by CONTRACTOR or its subcontractors in

connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of AUSD.

16. **Waiver.** No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
17. **Termination.** AUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. AUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, AUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, AUSD may secure the required services from another contractor. If the cost to AUSD exceeds the cost of providing the services pursuant to the Agreement, CONTRACTOR shall pay the additional cost.
18. **No Rights in Third Parties.** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
19. **AUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors.** AUSD may evaluate the CONTRACTOR's work in any way that AUSD is entitled to do so pursuant to applicable law. The AUSD's evaluation may include, without limitation:
  - 19.1 Requesting that AUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
  - 19.2 Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).
20. **Limitation of AUSD Liability.** Other than as provided in this Agreement, AUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event shall AUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect, or incidental damages, including, but not limited to, lost profits or revenue, arising out of or in connection with this Agreement for the services performed in connection with this Agreement.
21. **Confidentiality.** The CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agree to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. CONTRACTOR will be permitted access to student data only where permissible under state and federal law and only after executing AUSD's Confidentiality Agreement Regarding Student Data.
22. **Conflict of Interest.** CONTRACTOR shall abide by and be subject to all applicable AUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of AUSD to perform any service by this Agreement. CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to AUSD's attention in writing. Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of Section 1090 *et seq.* and Section 87100 *et seq.*, of the

Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify AUSD of this information.

- 23. Integration/Entire Agreement of Parties.** This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 24. Litigation.** This Agreement shall be performed in Alameda, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 25. Agreement Contingent on Governing Board Approval.** The District shall not be bound by the terms of this Agreement until it has been formally approved or ratified by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval.
- 26. Signature Authority.** Each party has the full power and authority to enter into and perform the Agreement and the person signing this Agreement on behalf of each party has been given the proper authority and empowered to enter into this Agreement.
- 27. Counterparts.** This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 28. Incorporation of Recitals and Exhibits.** The Recitals and each Exhibit attached hereto are hereby incorporated herein by reference.
- 29. Other.** Additional terms set forth in this paragraph 30 must be approved by legal counsel representing AUSD:  
\_\_\_\_\_(Legal counsel initials)
-

## I. SITE

CONTRACTOR  
Print Name & Title: Nirelle Collins

CONTRACTOR Signature: Nirelle Collins  
("wet" signature required)

Date: 6/20/2019

## SOURCE OF FUNDS

Unrestricted Funds (general fund) \_\_\_\_\_ Donated Funds \_\_\_\_\_

Restricted Funds (categorical) \_\_\_\_\_ with Appropriate Director Approval: \_\_\_\_\_  
(Director Signature)

Budget Code: 01-6500-0-5750-1180-5800-040-40-0000

[Signature]  
Requesting Administrator ("wet" signature required)

6.14.19  
Date

FORWARD TO: Business Services Administrative Assistant for Processing

## II. HR

Human Resource Approval ☒ Yes ☐ No

[Signature]  
Signature of Human Resource Administrator

6/25/19  
Date

FORWARD TO: Business Services Administrative Assistant for Processing

## III. CABINET

- ☐ Superintendent, Pasquale Scuderri  
☐ Chief Human Resources Officer, Tim Erwin  
☐ Chief Academic Officer, Sara Stone  
☐ Chief Student Support Officer, Kirsten Zazo

☒ Chief Business Officer, Shariq Khan

[Signature]  
Signature of Cabinet Member

6/26/19  
Date

BOE Approval Required For Contracts Equal To Or Greater Than \$92,600:

[Signature]  
Signature of President, Board of Education

8/13/19  
Date

[Signature]  
Signature of Secretary, Board of Education

8/13/19  
Date

## IV. BOARD

# ALAMEDA UNIFIED SCHOOL DISTRICT

Excellence & Equity For All Students

## Instructions to Independent Contractors

*Contractors who are not corporations should complete this form and submit with other contract documents.  
Check all items that are true and correct. Contractor must inform Fiscal Services if business is converted into a corporation.*

### INDEPENDENT CONTRACTOR STATUS CHECKLIST (Employee v. Independent Contractor)

Independent

Contractor's Name: Nirelle Collins

STRS member?

☐ Yes

☒ No

Current AUSD employee or  
substitute?

☐ Yes

☒ No

#### COMMON LAW FACTORS:

- ☒ **NO INSTRUCTIONS:** The worker will not be required to follow explicit instructions to accomplish the job. AUSD may provide job specifications, however.
- ☒ **NO TRAINING:** The worker will not receive training provided by AUSD. The worker will use independent methods to accomplish the work.
- ☐ **RIGHT TO HIRE OTHERS:** The worker is being hired to provide a result and will have the right to hire others to do the actual work/job.
- ☒ **WORK NOT ESSENTIAL TO AUSD:** AUSD's success or continuation does not depend on the services of the worker.
- ☐ **OWN WORK HOURS:** The worker will establish the work hours for the job.
- ☒ **NOT A CONTINUING RELATIONSHIP:** The worker will not have a continuing relationship with AUSD. If the relationship is frequent, it will be at irregular intervals, or call (no full-time), or whenever work is available.
- ☒ **CONTROL OF ASSISTANTS:** If assistants are hired, it will be at the worker's sole discretion. The worker will be responsible for hiring, supervising, and paying those assistants.
- ☒ **TIME TO PURSUE OTHER WORK:** The worker will have time to pursue other gainful work.
- ☒ **JOB LOCATION:** The worker will control the job location if work is performed on AUSD's premises; AUSD will not direct or supervise the work.
- ☒ **ORDER OF WORK:** The worker will determine the order and sequence in which the job will be performed.
- ☐ **BASIS OF PAYMENT:** The worker will be paid by the job or project, not by actual time expended. Periodic payments may be made, though, based on a percentage of the completed job. Also, overall compensation may be based on the projected number of days/hours needed to do the job times a fixed daily/hourly rate. However, this compensation will be set in advance of the job.
- ☐ **WORK FOR MULTIPLE FIRMS:** The worker may work for more than one firm or agency at a time.
- ☒ **BUSINESS EXPENSES:** The worker will be responsible for incidental or special business expenses.
- ☒ **OWN TOOLS/EQUIPMENT:** The worker will furnish the tools/equipment needed for the job. If AUSD leases equipment to the worker, the terms will be equivalent to what an independent business person could have obtained in the open market.

- ☒ **SIGNIFICANT INVESTMENT:** The worker can perform services without hiring AUSD's facilities (equipment, office furniture, machinery, etc.). The worker's investment in his/her trade is real, essential, and adequate.
- ☐ **SERVICES AVAILABLE TO GENERAL PUBLIC:** The worker makes his/her services available to the general public by (check one or more):
- ☐ Having an office and assistants
  - ☐ Advertising his/her services (e.g., business cards, letterhead, telephone book, other)
  - ☐ Having business signs
  - ☐ Having a business license
  - ☐ Listing services in a business directory
  - ☐ Other
  - ☐ (Attached copies of business license, business cards, letterhead, advertisements)
- ☐ **POSSIBLE PROFIT OR LOSS:** The worker can make a profit or a loss (check one or more):
- ☐ The worker hires, directs, and pays assistants
  - ☐ The worker has his/her own office, equipment, materials, or facilities
  - ☐ The worker has continuing and recurring liabilities
  - ☐ The worker has agreed to perform specific jobs for prices agreed upon in advance
  - ☐ The worker's services affect his/her own business reputation
- ☒ **LIMITED RIGHT TO DISCHARGE:** The worker cannot be fired so long as a result is produced which meets the contract specifications.
- ☒ **NO COMPENSATION FOR NON-COMPLETION:** The worker is responsible for the satisfactory completion of the job and is not entitled to compensation in case of non-completion.
- ☐ **NO INTERIM REPORTS:** The worker is hired for the final result, and therefore, the worker will be asked for progress or interim reports. (Note: Reports which are defined in the Independent Contractor Agreement as an expected final result of the agreement or which are required by state or federal law are part of the services contracted for and are not considered "interim" or "progress" reports.)

I, Nirelle Collins (contractor's printed name), certify that all the statements as checked above are true and correct according to the best of my knowledge.

Signature: Nirelle V. Collins



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2019

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><br>Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA<br>520 Madison Avenue<br>32nd Floor<br>New York, NY 10022 | <b>CONTACT NAME:</b>                           |                       |
|                                                                                                                               | <b>PHONE (A/C, No, Ext):</b> (888) 202-3007    | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br>Nirelle Collins<br>48 Desvio Ct<br>Pacifica CA 94044                                                        | <b>E-MAIL ADDRESS:</b> contact@hiscox.com      |                       |
|                                                                                                                               | <b>INSURER(S) AFFORDING COVERAGE</b>           |                       |
|                                                                                                                               | <b>INSURER A:</b> Hiscox Insurance Company Inc |                       |
|                                                                                                                               | <b>INSURER B:</b>                              |                       |
|                                                                                                                               | <b>INSURER C:</b>                              |                       |
|                                                                                                                               | <b>INSURER D:</b>                              |                       |
| <b>INSURER E:</b>                                                                                                             |                                                |                       |
| <b>INSURER F:</b>                                                                                                             |                                                |                       |
| <b>NAIC #</b><br>10200                                                                                                        |                                                |                       |

**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                                  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|--------------------|-------------------------|-------------------------|-----------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         |          | UDC-2311902-CGL-19 | 07/18/2019              | 07/18/2020              | EACH OCCURRENCE \$ 1,000,000            |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                                                                                                                                                                                                                                                                |           |          |                    |                         |                         |                                         |
|          | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                                                                                                                                   |           |          |                    |                         |                         |                                         |
|          | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                                                                                                                                  |           |          |                    |                         |                         |                                         |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | GENERAL AGGREGATE \$ 2,000,000          |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | \$                                      |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                                        |           |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | BODILY INJURY (Per person) \$           |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | BODILY INJURY (Per accident) \$         |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$       |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | \$                                      |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                  |           |          |                    |                         |                         | EACH OCCURRENCE \$                      |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | AGGREGATE \$                            |
|          |                                                                                                                                                                                                                                                                                                                                                     |           |          |                    |                         |                         | \$                                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                       | Y/N       | N/A      |                    |                         |                         | 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)  
Alameda Unified School District, its Trustees, Employees, Agents and the State of California are added to the commercial general liability policy as an Additional Insured, subject to the policy terms and conditions.

**CERTIFICATE HOLDER**

Alameda Unified School District  
2060 Challenger Dr  
Alameda CA 94501

**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

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Nirelle Collins  
48 Desvio Court  
Pacifica, CA 94044

May 7, 2019

### **Purposed Services Provided for Alameda Unified School District**

#### **CART: Communication Access Realtime Transcription**

-I provide services for Deaf and hard-of-hearing people with verbatim realtime transcription of live speech. CART providers work to provide a realtime feed that is as complete and readable as possible. CART providers make sure the realtime feed stays legible.

-In order to graduate from steno school, a court reporter must pass several tests at 225 words per minute for several minutes. I graduated from College of Marin's Court Reporting Program with high honors.

-I am happy to work with all of my clients and make accommodations for all forms of vision loss, and to work with my clients on font size, shape, and color of text so their reading experience is as clear and comfortable as possible.

-I charge a fee of \$ 100.00 per hour. With that hourly fee is included the time it takes to prepare for the class, setup of equipment, the captioning equipment provided via laptop for realtime feed, take down of equipment, and a final copy emailed directly to the client within 24 hours as a Word Document. Preparatory time is not billed separately. It is factored into the per-hour fee I charge for service.

-I do have a three-hour minimum. I charge per hour that I am on campus. I require 72-hour notice of any changes in the schedule. I need access to all textbooks and materials for each of

the classes so that I may prepare ahead of time. I will be needing a parking pass. Should a student not show up to class, I wait 20 minutes before leaving.

-I do not write when the client/student is out of the classroom, if they are late, or if they fall asleep. My job is to provide equal accommodations for my clients. I transcribe whatever would be written within their range of hearing if they did not have hearing loss. If they would be able to hear it, they should be able to see it.

As a side note, in the present assignment with Rose, Katie and I have worked hard to create a secure relationship with Rose to help support her under all circumstances. Should you have any further questions, please do not hesitate to contact me.

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Thank you,

Sincerely,

A handwritten signature in black ink that reads "Nirelle Collins". The signature is written in a cursive, flowing style.

Nirelle Collins

## Evidence of Insurance



**Policy Number:** 18562-71-58  
**Policy Edition:** 1st  
**Effective:** 1/14/2013 12:01 AM  
**Expiration:** Continuous until cancelled  
**Expiration Time:** 12:01 AM  
**Insured:** Nirelle Collins  
48 Desvio Ct  
Pacifica, CA 94044-4229

**Underwritten By:** Mid-Century Insurance Company  
6301 Owensmouth Ave.  
Woodland Hills, CA 91367  
**Your Agent:** Leonard Williams Stone  
1043 Terra Nova Blvd  
Pacifica, CA 94044-4308  
(650) 359-9898  
FAX: (650) 359-9899  
lstone@farmersagent.com

### Vehicle Information

| Year | Make  | Model          | VIN               |
|------|-------|----------------|-------------------|
| 2012 | Honda | Accord 4D Ex-L | 1HGCP2F8XCA165815 |

### Coverages

| Coverage Type                      | Limit/Deductible                                             | Coverage Type               | Limit/Deductible |
|------------------------------------|--------------------------------------------------------------|-----------------------------|------------------|
| Bodily Injury Liability            | \$500,000 each person<br>\$500,000 each accident             | Collision                   | \$750 Deductible |
| Property Damage Liability          | \$100,000 each accident                                      | Additional Equipment        | \$1,000          |
| Permissive User Limit of Liability | Full (See Permissive User Limit of Liability in your policy) | Uninsured Motorist Property |                  |
| Medical Coverage                   | Not Covered                                                  | Damage With Collision       | Covered          |
| Uninsured Motorist Bodily Injury   | \$500,000 each person<br>\$500,000 each accident             | Towing and Road Service     | Not Covered      |
| Comprehensive                      | \$100 Deductible                                             | Other                       | Not Covered      |

This evidence is subject to all of the terms, conditions and limitations set forth in the policy and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

## Evidence of Insurance (continued)

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### Loss payable provisions

(Applicable only if lienholder is named, and no other Automobile loss payable endorsement is attached to the policy)

It is agreed that any payment for loss or damage to the vehicle described in this policy shall be made on the following basis:

1. At our option, loss or damage shall be paid as interest may appear to the policyholder and the lienholder shown in the Declarations, or by repair of the damaged vehicle.
2. Any act or neglect of the policyholder or a person acting on his behalf shall not void the coverage afforded to the lienholder.
3. Change in title or ownership of the vehicle, or error in its description shall not void coverage afforded to the lienholder.

The policy does not cover conversion, embezzlement or secretion of the vehicle by the policyholder or anyone acting in his behalf while in possession under a contract with the lienholder.

A payment may be made to the lienholder which we would not have been obligated to make except for these terms. In such event, we are entitled to all the rights of the lienholder to the extent of such payment.

The lienholder shall do whatever is necessary to secure such rights. No subrogation shall impair the right of the lienholder to recover the full amount of its claim.

We reserve the right to cancel this policy at any time as provided by its terms. In case of cancellation or lapse we will notify the lienholder at the address shown in the Declarations. We will give the lienholder advance notice of not less than 10 days from the effective date of such cancellation or lapse as respects his interest. Mailing notice to the loss payee is sufficient to effect cancellation.

The following applies as respects any loss adjusted with the mortgagee interest only:

1. Any deductible applicable to Comprehensive Coverage shall not exceed \$250.
2. Any deductible applicable to Collision Coverage shall not exceed \$250.



Authorized Representative

6/24/2019

Date