

**ARCADIA AUDIOMETRIC ASSOCIATES, INC.
21630 FARMINGTON LANE
SAUGUS, CALIFORNIA 91350
PHONE/FAX (661) 296-1838**

This proposal for services is dated **March 15, 2017** and is submitted by **ARCADIA AUDIOMETRIC ASSOCIATES, INC.**, hereinafter referred to as **“AGENCY”** AND **WILLIAM S. HART UNION HIGH SCHOOL DISTRICT** hereinafter referred to as **“DISTRICT”**.

Upon acceptance and signature by both **DISTRICT AND AGENCY**, this proposal becomes an agreement for services wherein each mutually agree as follows:

1. AGENCY shall:
 - (a) Perform hearing screenings on all eighth grade students, plus referral students identified by DISTRICT.
 - (b) Perform hearing screenings and any required threshold test in accordance with applicable requirements of the governing codes.
 - (c) Conduct such hearing screening of students by properly certified personnel. Such personnel shall meet the requirements and standards of the California Administrative Code, Title 17, (Public Health) Sections 2950 and 2951.
 - (d) Utilize Interacoustics Model AS208 audiometer, which is calibrated to ANSI 2014 standards. Date of last equipment calibration was August of 2016. Calibration will again occur in August of 2017. Calibrating Agency (s):

Audiometrics
118 La Porte St.
Arcadia, CA 91006
 - (e) Submit the results of all screening and testing at the end of the testing period or on a periodic basis as agreed upon with DISTRICT. Individual threshold test reports and an overall statistical summary shall be included.

2. The reports submitted by AGENCY to DISTRICT shall only contain the results of the tests conducted, and shall not include any suggestions or diagnosis. AGENCY shall have no responsibility or obligation with respect to the existence of any impaired hearing of any student, and will take no action regarding such tests. The reports shall not be released except to authorized personnel of the DISTRICT and shall be maintained always as confidential by AGENCY.

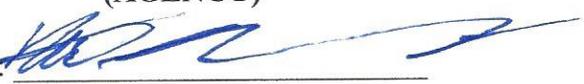
3. DISTRICT shall be solely responsible for the identification, retrieval, conduct and supervision of students. DISTRICT shall provide adequate personnel to control and supervise students at all times during the course of the testing.

- 4. DISTRICT shall designate a health supervisor or other officer as its authorized agent to coordinate the implementation of the Agreement. DISTRICTS shall also provide adequate assistance which may be in the form of volunteer adult help to assist with testing administrative procedures as agreed upon between DISTRICT and AGENCY.
- 5. The Hearing Test program is specifically identified as:
Hearing screening and all threshold testing for all mandated grades plus any referrals. Includes 1 visit to each school.
- 6. For services rendered under this Agreement, DISTRICT shall pay to AGENCY, within 30 days upon receipt of invoice the sum of:
\$2.75 per student screened and tested in mandated grades plus any referrals.
- 7. AGENCY shall perform testing between **August 2017 and June 2018.**
- 8. AGENCY agrees to supply upon request of DISTRICT a Certificate of Insurance carried naming DISTRICT as an added insured.
- 9. AGENCY assures that it has authorization from the County Superintendent of Schools.

Accepted:

ARCADIA
AUDIOMETRIC ASSOCIATES, INC.
 (AGENCY)

WILLIAM S. HART UNION HIGH
SCHOOL DISTRICT
 (DISTRICT)

By: 

By: _____

Title: Vice President

Title: _____

Date: 3/14/2017

Date: _____

Names and Qualifications of supervisory personnel (DISTRICT):

Names and Qualifications of personnel (AGENCY):

Pam Ritenour

Certified Audiometrist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

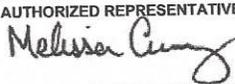
PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA. Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Lisa Figueroa	FAX (A/C. No.): 818-539-2301	
	PHONE (A/C. No. Ext.): 818-539-2300	E-MAIL ADDRESS: Lisa_Figueroa@ajg.com	
INSURED Arcadia Audiometric Associates Inc. 21630 Farmington Lane Saugus, CA 91350	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Berkley Regional Insurance Company		29580
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 1752002943 **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/INSR	SUBR/INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y			HHS 852556310	10/28/2016	10/28/2017	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	\$3,000,000
								PRODUCTS - COMP/OP AGG	\$3,000,000
									\$
A	AUTOMOBILE LIABILITY <input checked="" 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				HHS 852556310	10/28/2016	10/28/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE	\$
								AGGREGATE	\$
									\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A				PER STATUTE	OTH-ER
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability				HHS 852556310	10/28/2016	10/28/2017	Each Claim	\$1,000,000
								Aggregate	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All Jr. Highs within the William S. Hart District are named additional insured with respect to the operations of the named insured.

CERTIFICATE HOLDER William S. Hart UHSD 21380 Centre Point Parkway, Santa Clarita CA 91350	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 



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 06-01-2016

GROUP:
POLICY NUMBER: 1911127-2016
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 06-01-2017
06-01-2016/06-01-2017

WILLIAM S HART UNION HIGH SCHOOL DISTRICT SC
21380 CENTRE POINTE PKWY
SANTA CLARITA CA 91350-3050

JOB: ALL JUNIOR HIGH SCHOOLS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2015-11-12 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: WILLIAM S HART UNION HIGH SCHOOL DISTRICT

ENDORSEMENT #1600

EMPLOYER

ARCADIA AUDIOMETRIC ASSOCIATES INC. DBA: SC
ARCADIA AUDIOMETRIC INC.
21630 FARMINGTON LN
SAUGUS CA 91350

[TTP,CN]