

Contract Summary

BC 12-034

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY2012-2013
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	063
D3.	Requisition Number.....	N/A
D4.	Department Name.....	General Services
D5.	Contact Person.....	Ray Aromatorio
D6.	Telephone.....	805-884-6865

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	WC Claims Administration Services
K3.	Original Contract Amount.....	1,002,204.17
K4.	Contract Begin Date.....	July 1, 2012
K5.	Original Contract End Date.....	July 2, 2013
K6.	Amendment History (leave blank if no prior amendments).....	
K7.	Department Project Number.....	N/A

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any).....	0
B3.	Number of Competitive Bids (if any).....	N/A
B4.	Lowest Bid Amount (if bid).....	
B5.	If Board waived bids, show Agenda Date.....	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph).....	

F1.	Encumbrance Transaction Code.....	N/A
F2.	Current Year Encumbrance Amount.....	
F3.	Fund Number.....	1911
F4.	Department Number.....	063
F5.	Division Number (if applicable).....	2110
F6.	Account Number.....	7087
F7.	Cost Center number (if applicable).....	
F8.	Payment Terms.....	Per contract schedule

V1.	Vendor Numbers (A=Auditor; P=Purchasing).....	P20115
V2.	Payee/Contractor Name.....	Corvel Enterprise Company
V3.	Mailing Address.....	P.O. Box 669
V4.	City State (two-letter) Zip (include +4 if known).....	Chino, CA 91708
V5.	Telephone Number.....	909-257-3771
V7.	Contact Person.....	Scotty Benton
V8.	Workers Comp Insurance Expiration Date.....	4-30-13
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof'l).....	G 4-30-13 P 10-31 -12
V10.	Professional License Number.....	316-04
V11.	Verified by (name of county staff).....	Ray Aromatorio

V12 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 6/11/12 Authorized Signature: 