

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

This proposal for services is dated **May 10, 2021** and is submitted by **ARCADIA AUDIOMETRIC ASSOCIATES, INC.**, hereinafter referred to as **"AGENCY"** AND **SOUTH WHITTIER 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 screening on all Kindergarten or first, second, fifth, eighth, and tenth 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. Utilize AMBCO Model 1122F and Maico Model MA-19 audiometers, which are calibrated to ANSI 2010 standards. Date of last equipment calibration was August 2019. Calibration will again occur in June of 2021.
  - (d) Calibrating Agency (s):

Audiometrics  
909 Tremont Street  
Oceanside, CA 92054
  - (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:  
**\$4300.00 for students screened and tested in mandated grades plus any referrals.**
7. AGENCY shall perform testing between **August 2021 through June 2022.**
8. AGENCY agrees to supply upon request of DISTRICT a Certificate of Insurance carried naming DISTRICT as an added insured.
9. AGENCY reserves the right to re-schedule or cancel the contract due to adverse weather, vehicle complications or personnel issues.
10. AGENCY will screen all students physically presented on site the day of the screening. DISTRICT agrees that if students are in Cohorts, not all students may be screened in the mandated grades.
11. AGENCY will require all district students that are to be screened to use hand sanitizer provided by the AGENCY prior to entering van for screening. DISTRICT has approved fact sheet attached and has approved use of sanitizer. DISTRICT will provide assistance as in a parent volunteer or staff in the administration of sanitizer.
12. If masks are required as directed by state and/or educational guidelines, DISTRICT will provide masks or DISTRICT will require students to provide own home masks upon entering hearing van.
13. DISTRICT understands that if directed by state and/or educational guidelines, students may only be screened 5 at a time (rather than the normal 10 at a time) which may result in longer screening times per school site.

Accepted:

ARCADIA  
AUDIOMETRIC ASSOCIATES, INC.  
(AGENCY)

SOUTH WHITTIER  
SCHOOL DISTRICT  
(DISTRICT)

By: 

By: \_\_\_\_\_

Title: P. Smith

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

Date: 5/10/21

Date: \_\_\_\_\_

Names and Qualifications of supervisory personnel (DISTRICT):

Names and Qualifications of supervisory personnel (AGENCY):

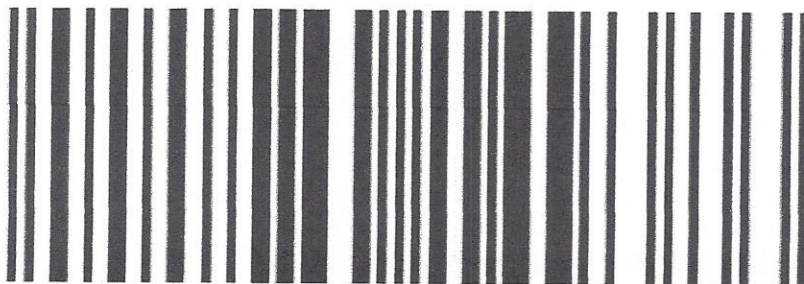
Alison Schmidt, R.N., MSNCertified AudiometristMichael DenmeadeCertified AudiometristTawny McCorkleCertified AudiometristDeric SchmidtCertified Audiometrist



<b>Drug Facts</b>		NDC 66902-043-02
<b>Active Ingredients</b>	<b>Purpose</b>	
Ethyl Alcohol 70%.....	Antiseptic	
<b>Uses</b> For handwashing to decrease bacteria on the skin.		
<b>Warnings</b> <b>Flammable. Keep away from fire or flame.</b> <b>For external use only.</b>		
<b>When using this product</b> Do not use in eyes. In case of contact with eyes, rinse with water.		
<b>Stop use and ask a doctor if</b> irritation and redness develop and persist.		
<b>Keep out of reach of children.</b> If swallowed, get medical help promptly.		
<b>Directions</b> Wet hands thoroughly with product and allow to dry without wiping.		
<b>Other information</b> Store under 105°F		
<b>Inactive Ingredients</b> Aloe Barbadensis Leaf, Carbomer, Dimethicone, Triisopropanolamine, Water		

**Made in USA**

Manufactured by  
Natural Essentials, Inc.  
Streetsboro, Ohio 44241



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2020

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 have ADDITIONAL INSURED provisions or 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> Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203		<b>CONTACT</b> NAME: Elena Ibarra PHONE (A/C, No, Ext): 818. 539. 8671 FAX (A/C, No): 818. 539. 8771 E-MAIL: Elena_Ibarra@ajg.com ADDRESS: Elena_Ibarra@ajg.com	
License#: 0726293 ARCAUD-01		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Arcadia Audiometric Associates Inc. 21630 Farmington Lane Saugus, CA 91350		<b>INSURER A:</b> Berkley Regional Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 29580	

**COVERAGES****CERTIFICATE NUMBER:** 1722474747**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"/> 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		HHS 8525563-14	10/28/2020	10/28/2021	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HHS 8525563-14	10/28/2020	10/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			HHS 8525563-14	10/28/2020	10/28/2021	Each Claim Aggregate \$1,000,000 \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy : Sexual Abuse.

Policy#: HHS 8525563-14

Carrier : Berkley Regional Insurance Company

Policy Term : 10/28/2020 - 10/28/2021

Limits : Each Claim :\$1,000,000 Aggregate :\$3,000,000

All schools within the South Whittier School District are named as additional insured with respect to the operations of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**South Whittier School District  
11200 Telechron Ave  
Whittier, CA 90605

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

Berkley Regional Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All schools within the South Whittier School District	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



P.O. BOX 8192, PLEASANTON, CA 94588

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-20-2021

GROUP:  
 POLICY NUMBER: 1911127-2020  
 CERTIFICATE ID: 38  
 CERTIFICATE EXPIRES: 06-01-2021  
 06-01-2020/06-01-2021

SOUTH WHITTIER SCHOOL DISTRICT  
 11200 TELECHRON AVE  
 WHITTIER CA 90605-3729

SC

JOB: ALL SCHOOLS WITHIN THE DISTRICT

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 2021-04-20 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: SOUTH WHITTIER SCHOOL DISTRICT

ENDORSEMENT #1651 - ALISON SCHMIDT PRES, SEC - EXCLUDED.

EMPLOYER

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

[P19,SC]