## **AMENDMENT NO. 2** INCORPORATED COUNTY OF LOS ALAMOS **SERVICES AGREEMENT NO. 15-4195**

This AMENDMENT NO. 2 is entered into by and between the Incorporated County of Los Alamos. an incorporated county of the State of New Mexico ("County"), and Medical Associates of Northern New Mexico, P.A., a New Mexico professional association ("Contractor"), to be effective for all purposes July 1, 2020.

WHEREAS, County and Contractor entered into Agreement No. AGR15-4195, dated June 5, 2015, and Amendment No. 1 AGR15-4195-A1, dated April 1, 2019, (as amended, the "Agreement") for Occupational Medicine Services: and

WHEREAS, the Services are ongoing and County and Contractor wish to extend the term of the Agreement as allowed for in the original terms and conditions; and

NOW, THEREFORE, for good and valuable consideration, County and Contractor agree as follows:

- 1. Delete **SECTION B. TERM** in its entirety and replace it with the following:
  - SECTION B. TERM: The term of this Agreement shall commence June 5, 2015 and shall continue through June 30, 2021, unless sooner terminated, as provided herein. At the sole discretion of County, this Agreement may be renewed for one additional (1) year term, under the same terms and conditions.
- 2. Add two (2) new Sections titled "V." and "W."

SECTION V. LEGAL RECOGNITION OF ELECTRONIC SIGNATURES: Pursuant to NMSA 1978 § 14-16-7, this Agreement may be signed by electronic signature.

SECTION W. DUPLICATE ORIGINAL DOCUMENTS: This document may be executed in counterparts, each of which shall be deemed an original.

Except as expressly modified by this Amendment, the terms and conditions of the Agreement remain unchanged and in effect.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 2 on the date(s) set forth opposite the signatures of their authorized representatives to be effective for all purposes on the date first written above.

ARCORD,

**ATTEST** 

NAOMI D. MAESTAS

**COUNTY CLERK** 

Approved as to form:

/s/ Kathryn S. Thwaits for J. ALVIN LEAPHART COUNTY ATTORNEY

INCORPORATED COUNTY OF LOS ALAMOS

Bאָלוּן/s/ Harry Burgess

HARRY BURGESS

5/13/20

DATE

COUNTY MANAGER

MEDICAL ASSOCIATES OF NORTHERN NEW MEXICO, P.A., A **NEW MEXICO PROFESSIONAL ASSOCIATION** 

NAME: Kristine

DATE

TITLE: Practice



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/25/2020

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).

this certificate does not confer rights to	the	certif	icate holder in lieu of suc								
PRODUCER	CONTACT Ins del Norte SF										
Insurance del Norte					PHONE (A/C, No, Ext): (505) 820-6726 FAX (A/C, No): (505) 424-0242						
810 Calle Mejia Suite 105				E-MAII ADDRI	ess:					-	
Santa Fe NM 87501					INSURER(S) AFFORDING COVERAGE					NAIC#	
Santa Fe NM 87501					INSURER A: AMCO Insurance Company					19100	
Medical Associates Of Northern NM					INSURER B:						
3917 West Rd Ste A					INSURER C:						
oon working die A				INSURER D:							
Los Alamos NM 8			NM 87544-2292	INSURER E:							
COVERAGES CER	1111 01014 2202				INSURER F:  28 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT. EXCLUSIONS AND CONDITIONS OF SUCH PO	INSUF REME AIN, TI DLICIE	RANCE NT, TI HE IN:	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTR	ACT OR OTHER IES DESCRIBE CED BY PAID CI	RED NAMED A R DOCUMENT I D HEREIN IS S LAIMS,	BOVE FOR THE PO	LICY PERI	HIS		
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<u> </u>		,			01/01/2020	01/01/2021	MED EXP (Any one pe				
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							GENERAL AGGREGA		\$ 4,000,000		
POLICY PRO-							PRODUCTS - COMP/	OP AGG	\$ 4,000		
AUTOMOBILE LIABILITY		_					Hired/borrowed COMBINED SINGLE I	HACT	s 2,000	0,000	
ANYAUTO							(Ea accident)		\$		
OWNED SCHEDULED							BODILY INJURY (Per		5		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
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DED RETENTION \$						-	AGGREGATE		S	-	
WORKERS COMPENSATION	-1	-					PER STATUTE	OTH- ER	5		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						ļ					
							E.L. EACH ACCIDENT		<u>s</u>		
							E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$				
		_					E.L. DISEASE - PULIC	Y LIMIT	\$		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACC	DRD 10	1, Additional Remarks Schedule, n	nay be at	tached if more sp.	ace is required)					
ERTIFICATE HOLDER				CANC	ELLATION						
The state of the s	_			UNITO	LLLATION						
Los Alamos County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	[2	AUTHORIZED REPRESENTATIVE									
	<	<u> </u>									