



# City of San Diego PURCHASE ORDER MODIFICATION

**PO No. 4500069615**

Date: 08/13/2015 Page 1 of 1

<b>Ship To:</b> RISK MANAGEMENT - WORKERS COMP 1200 3RD AVE STE 1000 SAN DIEGO CA 92101-4189	<b>Bill To:</b> RISK MANAGEMENT - WORKERS COMP 1200 3RD AVE STE 1000 SAN DIEGO CA 92101-4189	<b>Billing Contact:</b> JENNIFER MONASMITH  <b>Telephone:</b>  <b>E-Mail:</b> jmonasmith@sandiego.gov
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<b>Vendor:</b> Insurance Services Office, Inc. 545 Washington Boulevard Jersey City NJ 07310-0000  <b>Vendor ID:</b> 10034547 <b>Telephone:</b> <b>E-Mail:</b>	<b>Terms:</b> within 30 days Due net  <b>Delivery Terms:</b> Destination  <b>Buyer:</b> DO NOT USE  <b>Telephone:</b>  <b>E-Mail:</b>
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Line #	Item ID/Description	Del.Date	Quantity/UM	Unit Price	Extended Price
	This is a MODIFICATION to an existing Purchase Order Do Not Duplicate Shipment. See Notes Below for Specific Modification(s) *****				
10	<b>Dept Open- ISO ClaimSearch</b> ISO ClaimSearch for Workers' Compensation as needed through 6/30/2016.  Contact Information: Jill Degnan jdegnan@sandiego.gov Item completely delivered	06/30/2016	11,600 EA	USD 1.00	USD 11,600.00
11	<b>PO Mod to PO 4500069615</b> ISO ClaimSearch for Workers' Compensation as needed through 6/30/2016.  PO Mod to PO 4500069615  Contact Information: Jill Degnan jdegnan@sandiego.gov Item partially delivered	06/30/2016	50,000 EA	USD 1.00	USD 50,000.00

<b>Notes:</b> The Terms and Conditions of this Purchase Order are available at <a href="http://sandiego.gov/purchasing/">http://sandiego.gov/purchasing/</a>	Line Item Total \$ 25,000.00 Tax \$ 0.00
<b>IMPORTANT!</b>	
To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to <b>Billing</b> Contact person at <b>Bill-To</b> address listed above	<b>PO Total \$ 25,000.00</b>