



PARKS AND RECREATION DEPARTMENT



PRE-QUALIFIED VENDORS INTEREST LIST GUIDELINE

QUALIFICATIONS MANUAL:

The Parks and Recreation Department Pre-Qualified Vendors Interest List is intended to serve as a guideline to streamline the qualification process for vendors interested in providing goods and services specific to community-based recreation programs and events with the Parks and Recreation Department.

For questions or comments on submitting the Pre-Qualified Vendors Interest List Application, please contact the Recreation Services Division at RecServContracts@san Diego.gov.

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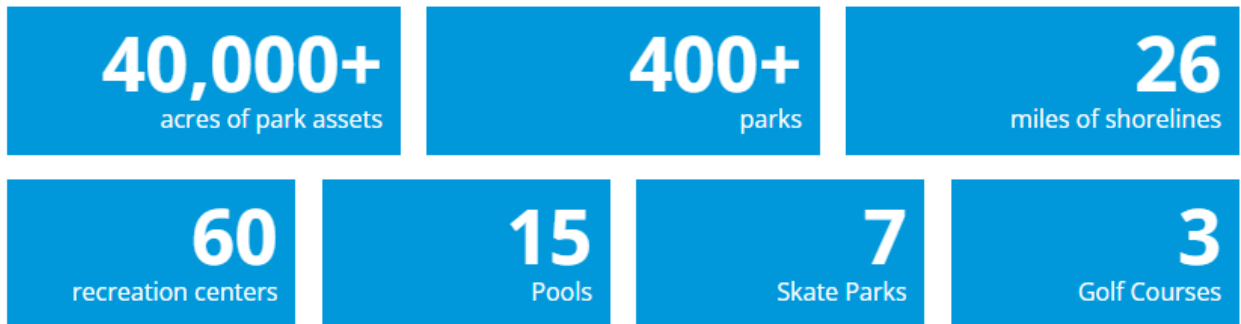
A. Introduction

The City of San Diego, Parks and Recreation Department operates sixty (60) recreation centers and seven (7) skate parks providing programs, events, leagues, and camps throughout the year that serve residents of San Diego of all ages, abilities, and income levels. The locations of the recreation center facilities can be found at <https://www.sandiego.gov/park-and-recreation/centers>

The Department is seeking qualified vendors to provide goods and services for youth, adults, and seniors which include, but are not limited to, class instruction, tiny tots programs, camps, performing arts, health and fitness, sports programs, sports officials, food catering vendors, special events equipment rentals, DJs, musicians, bands, dancers, crafts, storytellers, and other recreation services.

This qualified vendors process is issued for the purpose of creating an interest list of potential vendors to provide services for recreation programs and events. While not a requirement, Parks and Recreation department staff may use the Parks and Recreation Pre-Qualified Vendors Interest List to contact vendors to provide a quote for needed goods and services. The Parks and Recreation Department may only use this interest list to obtain quotes for goods and services.

Parks and Recreation Department Overview



B. Scope of Service

The scope of goods and services to be provided by Vendors includes the following requirements:

Qualified vendors may provide a variety of recreational, educational, and cultural services at one or more facilities depending on the vendor's interest, availability of facilities, and community interest. Services include but are not limited to:

1. Professional specialized food catering, special event equipment rentals, DJs, or program instruction services.
2. Professional specialized class or sports program instruction services.
3. Coordination of sports leagues, camps, clinics, or workshops.
4. Youth programs such as day camps, afterschool programs, and Science, Technology, Engineering, & Mathematics (STEM).
5. Performing arts such as musicians, bands, DJs, dancers, face painters, crafts, and storytellers.
6. Professional sports official services (referees).
7. Health and Fitness such as yoga, Zumba, and gymnastics.
8. Additional entertainment services such as jumpers, rock climbing walls, and bubbles and snow technology.

C. Minimum Requirements

The information provided in this notification summarizes the minimum requirements to provide goods and services in the City of San Diego. The following does not contain all requirements. This notification is intended to serve as a guide only. Vendors should review the San Diego Municipal Code, Chapter 3, Article 6, Division 1, to familiarize themselves with all the requirements. The San Diego Municipal Code is available on the City of San Diego's website at <https://www.sandiego.gov/city-clerk/officialdocs/municipal-code>. In addition, there are other City of San Diego policies and procedures that must be met when issuing contracts and paying vendors. In order to be considered to be added to the Vendor Interest List, vendors must meet certain minimum requirements which are summarized below:

In general, qualified service providers must adhere to the following guidelines:

- Demonstrate verifiable experience in providing the services that they propose to provide to the City of San Diego.

Parks and Recreation Department

- Ensure that all instructors and performers (i.e. musicians, face painters, dancers, etc.) have appropriate training and related experience required to provide professional program services.
- Ensure that all instructors, assistants, and volunteers have completed a criminal history background check and Live Scan fingerprint process through the City of San Diego Personnel Department at the time of entering into a service contract.
- Ensure compliance with the City of San Diego's insurance requirements at the time of entering into a service contract. Failure to obtain the required documents prior to the work beginning shall not waive vendor's obligation to provide them.
- All businesses operating in the City of San Diego must obtain a City of San Diego Business Tax Certificate. Business Taxes are due annually.
<https://www.sandiego.gov/treasurer/taxesfees/btax/btaxhow>
- Ensure compliance with the City of San Diego's Living Wage Ordinance.
- Vendor holds, and at all times maintains current, all Federal and State licenses to perform the required services in the State of California.
- Vendors selling food products must also have:
 - San Diego County Public Health Permit - All vendors who sell food items are required to obtain and display a San Diego County Public Health Permit at all times.
 - San Diego County Food Handler Card - All food handlers are required to acquire a San Diego County Food Handler Card.
- Interact with customers and the community in a professional highly ethical manner.

In addition to the requirements listed above, the supporting documents to meet City of San Diego requirements are as follows:

1. W-9 Form

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

2. City of San Diego Business Tax Certificate

<https://www.sandiego.gov/treasurer/taxesfees/btax/btaxhow>

3. Insurance Requirements

All service vendors (excludes goods) are required to provide General Liability insurance as summarized below.

<https://www.sandiego.gov/purchasing/vendor/insurance>

Commercial General Liability Insurance

- \$1 million each occurrence / \$2 million aggregate
- Additional insured endorsement is required (blanket endorsement form is acceptable). See examples on City of San Diego website. Endorsement form must include the policy number on the Acord.
- Primary & Non-Contributory endorsement is required (blanket endorsement form is acceptable). Endorsement form must include the policy number on the Acord.

Automobile Liability Insurance

- \$1 million combined single limit
- Auto insurance is not required if vendor does not use a vehicle for anything other than transporting themselves to and from the work site.
- Service providers that do not operate vehicles on City of San Diego property or utilize vehicles to provide the service, may complete the insurance waiver form in **Section H** of this application packet.

Worker's Compensation Insurance

- \$1 Million each accident
- Waiver of Subrogation endorsement is required (blanket endorsement form is acceptable).
- Endorsement form must include the policy number provided on the Acord and be applicable for the state of CA.
- Service providers that are a sole proprietorship and do not have any employees can fill out a Worker's Compensation waiver form in **Section H** of this application packet.

4. Living Wage Certification (businesses with less than 12 employees may request an exemption)

The Certification for Compliance and the Request for Exemption forms are attached in **Section H** of this application packet. One of the two forms must be complete and submitted with requested documentation.

5. Criminal History Background Check with Live Scan Fingerprints

This is required for all vendors and subcontractors, one time and ongoing, that work with children, seniors, or developmental handicapped adults. This includes vendors at special events, providing classes, and officiating services. The fingerprint process must be completed with the City of San Diego Personnel Department and be cleared prior to providing services. Proof from other agencies is not accepted. Refer to the Contract Fingerprint Form in **Section H** of this application packet.

6. General Terms and Conditions

<https://www.sandiego.gov/purchasing/vendor>

IMPORTANT!!! The supporting documents to meet City of San Diego requirements must be sent to RecServContracts@sandiego.gov.

D. Vendor Application Instructions

The process for providing goods and services to the Parks and Recreation Department are as follows:

1. Provide the recreation center Supervisor a quote for goods and services on business letterhead.
2. Once quote is accepted you will submit a W-9, business tax certificate, insurance certificates, and all other required documents as listed in Section C. Refer to the forms in **Section H** of this application packet.
 - a. Valid insurance documents are required.
 - b. Background check with Live Scan fingerprints are required prior to services rendered.
3. Department staff will prepare a Purchase Requisition. Upon approval of all required documents noted above in Item No. 2, a Purchase Order will be generated.
4. Once goods and/or services are received, the vendor will submit an invoice to the recreation center staff and CC: the SDPR Accounts Payable inbox at RecAccountsPayable@sandiego.gov. Vendor's invoice must be on vendor's stationary with vendor's name, address, and remittance address if different. Vendor's invoice must have a date, an invoice number, a purchase order number, a description of the goods or services provide, and an amount due. Refer to the invoice template in **Section H** of this application packet.
5. Vendors with the City of San Diego are paid by either a check or direct deposit, Net 30. Payment terms can be negotiated with your quote, but payment will not be issued less than fifteen (15) days upon receipt of the invoice/service. This means you will not be paid in advance, or the day of, for the goods and services provided.

E. Electronic Funds Transfer (EFT)

Direct deposit is an option to all vendors. Please fill out a direct deposit request form and send back with a scan of a voided check. The address on the form and check must match the W-9 on file. The set-up process can take a few weeks, depending on the Department of Finance and the vendor’s financial institution. Invoice(s) will be paid by check or direct deposit per the terms of the Purchase Order. Refer to the Electronic Funds Transfer form in **Section H** of this application packet.

F. Application Timeline

Vendors interested in being added to the Parks and Recreation Department Vendors Interest List, must first complete the *Pre-Qualified Vendors Interest List Application*. The timeline to submit the Parks and Recreation application is as follows:

| SEASON | APPLICATION TIMELINE |
|--------|----------------------|
| SUMMER | March - April |
| FALL | July - August |
| WINTER | September - October |
| SPRING | December - January |

G. Standards of Conduct

Vendor is responsible for maintaining standards of employee competence, conduct, courtesy, appearance, honesty, and integrity satisfactory to the City of San Diego.

- Supervision
 - Vendor shall provide adequate and competent supervision at all times. Vendor shall be readily available to meet with the City of San Diego. Vendor shall provide the telephone numbers where its representative(s) can be reached.
- City Premises
 - Vendor’s employees shall comply with all City of San Diego rules and regulations while on City premises.

- Removal of Employees
 - City of San Diego may request vendor immediately remove from assignment to the City of San Diego any employee found unfit to perform duties at the City. Vendor shall comply with all such requests.

Vendor's failure to satisfactorily perform any obligation required by the rendering of goods and/or services and as stated above constitutes a default. Examples of default include a determination by City that Vendor has: (1) failed to deliver goods and/or perform the services of the required quality or within the time specified; (2) failed to perform any of the obligations quoted for goods and/or services; and (3) failed to make sufficient progress in performance which may jeopardize full performance.

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H. Forms & Templates

Contractor Fingerprint Form



CITY OF SAN DIEGO PARKS AND RECREATION DEPARTMENT
CONTRACTOR FINGERPRINT FORM

INSTRUCTIONS FOR THE SITE SUPERVISOR:

ALL CONTRACTORS WORKING WITH MINORS AND PEOPLE WITH DISABILITIES WILL NOT BE ALLOWED TO WORK (EVEN UNDER DIRECT SUPERVISION) UNTIL THEY HAVE BEEN CLEARED BY THE PERSONNEL DEPARTMENT.

1. Complete this form for each contractual employee (including minors 13-17 years of age) who will have "direct contact with minors and people with disabilities" or "supervisory or disciplinary authority over a minor and people with disabilities."
2. Instruct the contractor to make an appointment with Testing at (619) 236-6686. Appointments can be made between the hours of 8:30 a.m. and 4:00 p.m. Monday-Friday. Take this form to the appointment.

LOCATION: City of San Diego Personnel Department
Civic Center Plaza
1200 Third Ave., Suite 101, San Diego, CA 92101

3. The contractor must take his/her valid U.S. government issued identification card with a photograph (such as a drivers license, military ID, DMV issued identification card, or passport). For Minors Only (13 to 17 years of age): In the event the contractor does not have a government issued identification card the following will be accepted: School ID card with a photograph and a social security card or an original or certified copy of a birth certificate.

Note: The social security number will be required at the time of appointment.

4. All contractors must pay \$70.00 for the fingerprint processing. Payment can be made to the Personnel Department by cash, check or money order payable to the City Treasurer.
5. The Personnel Department will notify the Parks and Recreation Contractor Coordinator on all contractual clearances. If you have a question on clearance status, contact the Background Administrator, Edgar Portilla at (619) 236-7137.

DATE: _____ / _____ / _____

TO: PERSONNEL DEPARTMENT

FROM: _____ (_____) _____
Site Supervisor Phone Number

_____ (_____) _____
Site Fax Number

MAIL STATION: _____ DIVISION: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE NUMBER: (_____) _____ WORK SITE: (_____) _____

(PERSONNEL OFFICE USE ONLY)

- THIS PERSON HAS CLEARED THIS PERSON HAS NOT CLEARED

PERSONNEL STAFF _____ DATE _____ / _____ / _____

Living Wage Ordinance – Certification of Compliance



Complete this form and return via Email
to: ContactLWO@sandiego.gov

**LIVING WAGE ORDINANCE
CERTIFICATION OF COMPLIANCE**
REQUIRED BY SAN DIEGO MUNICIPAL CODE §22.4225(c)

COMPANY INFORMATION

Company Name: _____
 Company Address: _____
 Company Contact Name: _____ Contact Phone: _____

CONTRACT INFORMATION

Contract Number (if no number, state location): _____ Start Date: _____
 Contract Title (or description): _____ Date: _____
 Purpose/Service Provided: _____

TERMS OF COMPLIANCE

A contractor or subcontractor working on or under the authority of an agreement subject to the Living Wage Ordinance [LWO] must comply with all applicable provisions of the LWO unless specifically approved for an exemption. Basic requirements of the LWO are:

- (a) Pay covered employees the current fiscal year hourly wage rate;
- (b) If any lesser amount is applied toward the health benefits rate, add the difference to the hourly wage rate as cash;
- (c) Provide minimum of 80 compensated leave hours per year for illness, vacation, or personal need at the employee's request and permit 80 additional unpaid leave hours for personal or family illness when accrued compensated leave hours have been used;
- (d) Annually distribute a notice with the first payroll after July 1 to inform all covered employees of LWO requirements, their possible right to Federal Earned Income Tax Credit, and possible availability of health insurance coverage under the Affordable Care Act;
- (e) Prohibit retaliation against any covered employee who alleges noncompliance with the requirements of the LWO;
- (f) Permit access for authorized City representatives to work sites and records to review compliance with the LWO;
- (g) Maintain wage and benefit records for covered employees for 3 years after final payment;
- (h) Perform at least fifty percent (50%) of the work with its own employees; and
- (i) File a Living Wage Ordinance Certification of Compliance with the City within 30 days of becoming a covered employer.

If a contractor fails to submit this completed form, the prime contractor may be found in violation of the LWO for failure to ensure its subcontractor's compliance. This may result in a withholding of payments or termination of the agreement.

CONTRACTOR CERTIFICATION

By signing, the contractor certifies under penalty of perjury under laws of the State of California to comply with the requirements of the Living Wage Ordinance.

Name of Signatory Title of Signatory

Signature Date

FOR OFFICIAL CITY USE ONLY

Date of Receipt: _____ LWO Analyst: _____ Contract Number: _____

LWP-001 (07/01/2017)

Living Wage Ordinance – Application For Exemption

Complete this form and return via Email
 to: ContactLWO@sandiego.gov

**LIVING WAGE ORDINANCE
 APPLICATION FOR EXEMPTION**

| COMPANY INFORMATION | |
|--|---|
| Company Name: | <input style="width: 80%;" type="text"/> |
| Company Address: | <input style="width: 98%;" type="text"/> |
| Company Contact Name: | <input style="width: 60%;" type="text"/> |
| Contact Phone: | <input style="width: 20%;" type="text"/> |
| CONTRACT INFORMATION | |
| Contract Number (if no number, state location): | <input style="width: 60%;" type="text"/> |
| Start Date: | <input style="width: 20%;" type="text"/> |
| Contract Title (or description): | <input style="width: 60%;" type="text"/> |
| End Date: | <input style="width: 20%;" type="text"/> |
| Purpose/Service Provided: | <input style="width: 98%;" type="text"/> |
| EXEMPTION BASIS | |
| Check one option and submit required supporting documentation. | |
| <input type="checkbox"/> Business employs 12 or fewer employees , including parent and subsidiary entities, for each workday in each of 20 or more calendar weeks in current or preceding calendar year and, in the City's determination, does not need to retain more than a total of 12 employees (including subcontractors) for any work related to the City contract. SDMC section 22.4215 (c)(1). <u>Required documentation:</u> Correspondence on company letterhead and signed by a legal authorized officer documenting number of employees and listing subcontractors AND copy of firm's State of California Employment Development Department Quarterly Contribution Return and Report on Wages (Continuation) [form DE9C] for prior two quarters AND list of subcontractors AND copy of Purchase Agreement or Purchase Order. | |
| <input type="checkbox"/> Business organized under IRS section 501(c)(3) and highest officer's salary , when calculated on an hourly basis, is less than eight times the hourly wage rate of the lowest paid covered employee. SDMC section 22.4215 (c)(2). <u>Required documentation:</u> Copy of IRS letter recognizing status as not-for-profit organization under section 501(c)(3) AND statement of salary listing corporation's highest paid officer and lowest paid worker, both computed on an hourly basis AND copy of Purchase Agreement or Purchase Order. | |
| <input type="checkbox"/> Collective Bargaining Agreement specifically in writing, supersedes the Living Wage Ordinance. SDMC section 22.4240. <u>Required documentation:</u> Copy of collective bargaining agreement OR written confirmation from union representing employees working on the contract AND copy of Purchase Agreement or Purchase Order. | |
| <input type="checkbox"/> City - City LWO Municipal Code section <input style="width: 50%;" type="text"/> . <u>Required documentation:</u> Correspondence with explanation of basis for exemption request AND copy of Purchase Agreement or Purchase Order. | |
| CONTRACTOR CERTIFICATION | |
| By signing, the contractor certifies under penalty of perjury under laws of the State of California that information submitted in support of this application is true and correct to the best of the contractor's knowledge. | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Name of Signatory | Title of Signatory |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Signature | Date |
| Approval of this application exempts only the listed contractor from the LWO during performance of this contract. A subcontractor performing work on this contract is not exempt unless separate exemption is applied for and approved. | |
| FOR OFFICIAL CITY USE ONLY | |
| <input type="checkbox"/> Not Approved – Reason: <input style="width: 40%;" type="text"/> | |
| <input type="checkbox"/> Approved | LWO Analyst: <input style="width: 20%;" type="text"/> |
| Date: <input style="width: 20%;" type="text"/> | |

LWP-001 (07/10/2017)

Certificate of Liability Insurance

| | | | | | |
|--|--|--|---|---|---|
| ACORD® | | CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) | |
| <p>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.</p> <p>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).</p> | | | | | |
| PRODUCER FULL NAME OF THE PRODUCER OR AGENCY MAILING ADDRESS OF THE PRODUCER CITY / STATE / ZIP CODE | | CONTACT NAME: PRIMARY CONTACT AT PRODUCER OR AGENCY PHONE (A/C, No, Ext): PROVIDE TELEPHONE NO. FAX (A/C, No): E-MAIL ADDRESS: PROVIDE EMAIL ADDRESS | | | |
| INSURED NAME OF CONTRACTOR MAILING ADDRESS OF CONTRACTOR CITY / STATE / ZIP CODE | | INSURER(S) AFFORDING COVERAGE INSURER A: INSURER'S FULL LEGAL COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | | NAIC # ID CODE | |
| COVERAGES | | CERTIFICATE NUMBER: | | 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 SUBR INSR WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) - POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> | | CGL POLICY NUMBER | 12/01/2016 - 12/31/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | AUTO POLICY NUMBER | 12/01/2016 - 12/01/2017 | COMBINED SINGLE LIMIT (Per 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 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NR) If yes, describe under DESCRIPTION OF OPERATIONS below | | W.C. POLICY NUMBER | 12/01/2016 - 12/01/2017 | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THE CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AND VOLUNTEERS. | | | | | |
| CERTIFICATE HOLDER | | | CANCELLATION | | |
| CITY OF SAN DIEGO PURCHASING & CONTRACTING 1200 THIRD AVENUE, SUITE 200 SAN DIEGO, CA 92101-4195 | | | 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 MUST BE SIGNED | | |

ACORD 25 (2010/05)

Purchasing & Contracting
Insurance Checklist
Rev. January 06, 2017

The ACORD name and logo are registered marks of ACORD

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Certificate of Liability Insurance (continued)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 06

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be -- % of the California workers compensation premium otherwise due on such remuneration.

SCHEDULE

PERSON OR ORGANIZATION

JOB DESCRIPTION

CITY OF SAN DIEGO, ITS RESPECTIVE ELECTED OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES

ALL OPERATIONS

WAIVER OF SUBROGATION SAMPLE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. **(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective INCLUDE DATE Policy No. INCLUDE POLICY NUMBER Endorsement No. 00

Insured CONTRACTOR'S NAME Premium \$ ---

Insurance Company INCLUDE INSURANCE COMPANY

Countersigned By INCLUDE SIGNATURE

- 1998 by the Workers' Compensation Insurance Rating Bureau of California. All rights reserved.
From the WCIRB's California Workers' Compensation Insurance Forms Manual - 1999.

Waiver of Auto Insurance



**PURCHASING & CONTRACTING DEPARTMENT
DECLARATION OF CONTRACTOR RE: AUTOMOBILE INSURANCE COVERAGE**

Contractor: _____

Regarding the Agreement [Agreement] between the City of San Diego, a municipal corporation [City] and the above-referenced contractor [Contractor].

Contractor declares as follows:

1. Contractor does not currently own any vehicles;
2. Contractor has obtained, and shall maintain during the term of the Agreement, automobile insurance coverage for "hired autos" and "non-owned autos" and
3. In the event Contractor subsequently acquires any vehicle(s) during the term of the Agreement, the Contractor shall immediately obtain, and provide to the City the required evidence of, automobile insurance coverage for "any auto" as required in Section 12.4 of the Agreement.

For the purpose of this Declaration, automobile insurance coverage for "any auto," "hired autos," and "non-owned autos" are defined as follows:

Any Auto: Coverage is provided for any auto, including autos owned by the insured, autos the named insured hires or borrows from others, and other non-owned autos used in the insured's business.

Hired Autos: Coverage is provided only for autos leased, hired, rented, or borrowed for use in the named insured's business.

Non-owned Autos: Coverage is provided only for autos not owned, leased, hired, or borrowed by the insured. Coverage includes autos owned by the insured's employees or members of their households, but only while used in the named insured's business or personal affairs.

Authorized Name: _____

Board Position: _____

Signature: _____

Date: _____

Waiver of Worker's Compensation



City of San Diego
Purchasing Division
1200 3rd Avenue, Suite 200
San Diego, CA 92101

DECLARATION AND ADDENDUM TO ALL BIDS AWARDED TO

I, _____ declare for the purpose of inducing the City of San Diego to go forward with any contracts or agreements awarded to _____.

I, _____, Owner, am an independent contractor for the purpose of the California Workers' Compensation and Labor laws. I will hire no employees other than my parents, spouse, or children for work required on the contracts awarded to _____.

All work required will be performed personally and solely by me, my parents, spouse, or children. If, however, I shall ever be required to hire employees or Subcontractors to perform this contract, I shall obtain Workers' Compensation Insurance and/or provide proof of Workers' Compensation Insurance coverage to the City of San Diego.

This document constitutes a declaration by me to assert our financial interest relative to any claims I should assert under the California Workers' Compensation and Labor laws against the City of San Diego relating to any bid or contract awarded to _____.

I will defend, indemnify and hold harmless the City of San Diego from any and all claims and liability, including Workers' Compensation claims and liability that may be asserted or established by any party in the event I hire an employee in violation of this addendum, and I will further indemnify the City of San Diego for all damages and liability thereon suffered.

I agree that these declarations shall constitute an addendum to any agreement awarded to:

| |
|--|
| CITY OF SAN DIEGO A MUNICIPAL CORPORATION |
| BY: _____ |
| PRINT NAME _____ |
| DATE SIGNED _____ |

Vendor Invoice

Company
Street Address, City, ST ZIP Code
Phone phone Fax fax

←
Name, Address and Phone of Contractor

YOUR LOGO
HERE

INVOICE NO. 12345

DATE
Very important!

BILL TO
Park & Recreation Dept
Street Address
City, ST ZIP Code

P.O. NO
4000012345

| PROGRAM DESCRIPTION/# | DATES | LOCATION | # ENROLLED | CONTRACT RATE | TOTAL |
|-----------------------|----------------|------------|------------|---|------------|
| Tiny Tots #98765 | 1/1/18-3/15/18 | Canyonside | 10 | 90.00 | 900.00 |
| Tiny Tots #12345 | 1/1/18-3/15/17 | Canyonside | 10 | 90.00 | 900.00 |
| | | Canyonside | | Subtotal: | \$1,800.00 |
| Tiny Tots #56789 | 2/3/18-3/15/18 | Hilltop | 10 | 45.00 | 450.00 |
| | | Hilltop | | Subtotal: | 450.00 |
| | | | | If more than one location, invoice must be subtotaled by site | |

↑
Active
Net
Code
for
class

TOTAL \$2,200.00
TOTAL DUE BY DATE Net 15 days

Electronic Funds Transfer (EFT)

Department of Finance



**ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR ENROLLMENT PAYMENT FORM**

New Enrollment—ACH Change to Existing Enrollment

Payer's Information (to be completed by the City of San Diego)

City Department: _____ Vendor #: _____
Contact Name: _____ Contact Telephone #: _____

Payee/Company Information

Company Name: _____
Address: _____
Contact Name: _____ Contact Telephone #: _____
Contact Email Address: _____
Remittance Email Address: _____
Authorized Name: _____
Authorized Signature: _____
Taxpayer ID #: _____ Date: _____

Financial Institution Information

Financial Institution: _____
ACH Routing #: _____ Bank Account #: _____

Checking Account Savings Account

Note: Attach a copy of a voided check or letter from the Financial Institution with the ACH routing number and account number on the bank letterhead.