



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@saniego.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

- *Annual Certification of Compliance* – This will be for vendors when they choose to complete a Certification of Compliance for a Purchase Order and will certify them for the fiscal year.
- *Certification of Compliance* – This form will be used for on-time Purchase Order or formal solicitations such as RFP, ITB, etc.
- *LWO Application for Exemption*– This is the application for vendors to use that wish to apply for an exemption.
- *LWO Self-Attestation* – To be used by a business operating as a sole proprietorship without employees.

The relevant living wage forms are attached in **Section H** of this application packet. Rules implementing the Living Wage Ordinance are posted on the City of San Diego's website:

<http://www.sandiego.gov/purchasing/programs/livingwage/>

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. A vendor website, with an address and phone number, is one of the EFT verification requirements. 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) 236-7137. 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 1000 San Diego, CA 92101

3. The contractor must take his/her valid U.S. government issued identification and with a photograph (such as a drivers license, military ID, DMV issued identification, or passport).
For Minors Only (13 to 17 years of age) the contractor does not have a government issued identification card the following will be acceptable: 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 time of appointment.

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

DATE: / /

TO: PERSONNEL DEPARTMENT

FROM:

Site Supervisor

Phone Number

Site & Division

Fax Number

BUSINESS NAME:

CONTRACTOR'S NAME:

ADDRESS:

PHONE NUMBER: ()

WORK SITE: ()

(PERSONNEL OFFICE USE ONLY)

☐ THIS PERSON HAS CLEARED

☐ THIS PERSON HAS NOT CLEARED

PERSONNEL STAFF

DATE

(REV. 06/22)

Living Wage Ordinance (LWO) ⇒ Annual Certification of Compliance



**LIVING WAGE ORDINANCE ANNUAL
CERTIFICATION OF COMPLIANCE FOR
PURCHASE ORDERS**

Fiscal Year _____ (July 20XX - June 20XX)
REQUIRED BY SAN DIEGO MUNICIPAL CODE §22.4225(c)

COMPANY INFORMATION	
Company Name: _____	
Company Address: _____	
Company Contact Name: _____	Contact Phone: _____
FISCAL YEAR INFORMATION	
Start Date: _____	
End Date: _____	
Purpose/Type of Service Provided: _____	
TERMS OF COMPLIANCE	
<p>A contractor or subcontractor working on or under the authority of the City of San Diego is subject to the Living Wage Ordinance (LWO) must comply with all applicable provisions unless specifically approved for exemption. Basic requirements of the LWO are:</p> <ul style="list-style-type: none"> (a) Pay covered employees the current fiscal year hourly wage rate; (b) If any lesser amount is applied toward the health benefit rate, add this difference to the hourly wage rate as cash; (c) Provide minimum of 80 compensated hours per year for illness, vacation, or personal need at the employee's request and permit 80 additional unpaid hours without pay for personal or family illness when accrued compensated leave hours have been used; (d) Annually distribute a notice on the first pay check 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 an employee who alleges noncompliance with the requirements of the LWO; (f) Permit access for authorized representatives to work sites and records to review compliance with the LWO; and (g) Maintain wage records for covered employees for 3 years after final payment. <p>If a subcontractor fails to submit this completed form, the prime contractor may be found in violation of the LWO for failure to ensure its subcontractor compliance. This may result in a withholding of payments or termination of the agreement.</p>	
CONTRACTOR CERTIFICATION	
<p>By signing, the contractor certifies under penalty of perjury under laws of the State of California to the following:</p> <ul style="list-style-type: none"> (a) adhere to the terms of compliance for all covered contracts that fall under the Living Wage Ordinance for the fiscal year; (b) will perform at least fifty percent (50%) of the work with its own employees for each service contract that falls under the Living Wage Ordinance for the fiscal year; and (c) will be responsible for all the terms under the Living Wage Ordinance for the entire fiscal year. 	
_____ Name of Signatory	_____ Title of Signatory
_____ Signature	_____ Date
FOR OFFICIAL CITY USE ONLY	
Date of Receipt: _____	Fiscal Year: _____
LWO Analyst: _____	

LWP-002 (rev. 05/23/2023)

Living Wage Ordinance (LWO) ⇒ Application For Exemption

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

**LIVING WAGE ORDINANCE
APPLICATION FOR EXEMPTION**

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):	End Date:
Purpose/Service Provided:	
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 working day in each of 20 or more calendar weeks in current or preceding calendar year, and in the City's determination, will not need to retain more than a total of 12 employees (including subcontractors) to perform work related to the City contract. [SDMC §22.4215 (c)(1)] <u>Required documentation:</u> Correspondence on company letterhead and signed by a legally authorized officer documenting number of employees and subcontractors. AND copy of firm's State of California Employment Development Department Quarterly Contribution, Return and Report of Wages (Continuation) [form DE9C] for prior two quarters.	
<input type="checkbox"/> Business operating as sole proprietorship with no employees and will not utilize subcontractors. [SDMC §22.4215 (c)(1)] <u>Required documentation:</u> A completed Living Wage Ordinance Self-Attestation form for Business Operating as a Sole Proprietorship by the proprietor.	
<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 of lowest paid covered employee. SDMC section 22.4215 (c)(2). <u>Required documentation:</u> Copy of IRS letter recognizing status as non-profit organized 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.	
<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.	
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.	
Name of Signatory	Title of Signatory
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 type="checkbox"/> Approved	LWO Analyst: _____ Date: _____

LWP-001 (rev. 03/08/2023)

Living Wage Ordinance (LWO) ⇒ Self-Attestation



**LIVING WAGE ORDINANCE SELF-ATTESTATION
BUSINESS OPERATING AS A SOLE PROPRIETORSHIP**

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):	End Date:
Purpose/Service Provided:	
REQUESTED EXEMPTION	
Business operating as sole proprietorship with no employees and will not utilize subcontractors. [SDMC §22.4215(c)(1)]- This business certifies that they are a sole proprietor with no employees in the current or preceding calendar year and will perform the City of San Diego's contract services under this exemption category.	
CONTRACTOR CERTIFICATION	
By signing, the contractor certifies under penalty of perjury under the laws of the State of California that the statements above are true and correct to the best of the contractor's knowledge.	
Name of Signatory	Title of Signatory
Date	
Applicability: The City of San Diego Living Wage Ordinance: The City of San Diego Living Wage Program may complete at random audits to review for compliance, conduct periodic reviews of appropriate records maintained by covered employers to verify compliance and to investigate claimed exemptions.	
FOR OFFICIAL CITY USE ONLY	
LWO Analyst:	Date:

LWP-001 (rev. 03/08/2023)

Certificate of Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																																															
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 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).																																																	
PRODUCER FULL NAME OF THE PRODUCER OR AGENCY MAILING ADDRESS OF THE PRODUCER CITY / STATE / ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="font-size: x-small;">CONTACT NAME: PRIMARY CONTACT AT PRODUCER OR AGENCY</td> </tr> <tr> <td style="font-size: x-small;">PHONE (A/C No. Ext.)</td> <td style="font-size: x-small;">FAX (A/C No.)</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">E-MAIL ADDRESS: PROVIDE EMAIL ADDRESS</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="font-size: x-small;">INSURER A: INSURER'S FULL LEGAL COMPANY NAME</td> <td style="font-size: x-small;">NAIC #</td> </tr> <tr> <td style="font-size: x-small;">INSURER B:</td> <td style="font-size: x-small;">ID CODE</td> </tr> <tr> <td style="font-size: x-small;">INSURER C:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER D:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER E:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER F:</td> <td></td> </tr> </table>		CONTACT NAME: PRIMARY CONTACT AT PRODUCER OR AGENCY		PHONE (A/C No. Ext.)	FAX (A/C No.)	E-MAIL ADDRESS: PROVIDE EMAIL ADDRESS		INSURER(S) AFFORDING COVERAGE		INSURER A: INSURER'S FULL LEGAL COMPANY NAME	NAIC #	INSURER B:	ID CODE	INSURER C:		INSURER D:		INSURER E:		INSURER F:																												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">INSR LTR</th> <th style="width: 35%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADDITIONAL INSURER</th> <th style="width: 15%;">POLICY NUMBER</th> <th style="width: 15%;">POLICY EFF. DATE (MM/DD/YYYY)</th> <th style="width: 15%;">POLICY EXPIRATION DATE (MM/DD/YYYY)</th> <th style="width: 20%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">A</td> <td> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PHOL <input type="checkbox"/> LOC </td> <td></td> <td>CGL POLICY NUMBER</td> <td>12/01/2016</td> <td>12/31/2017</td> <td> 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 - COMPROP AGG \$ 1,000,000 </td> </tr> <tr> <td> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </td> <td></td> <td>AUTO POLICY NUMBER</td> <td>12/01/2016</td> <td>12/01/2017</td> <td> COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ </td> </tr> <tr> <td> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ </td> <td></td> <td></td> <td></td> <td></td> <td> EACH OCCURRENCE \$ AGGREGATE \$ </td> </tr> <tr> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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ACORD 25 (2010/05)

Purchasing & Contracting
Insurance Checklist
Rev. January 06, 2017

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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

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

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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 uses 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 named 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 Signer 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 partner, spouse, or children for work required on the contracts awarded to _____.

All work required will be performed personally and solely by me, my partner, 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, _____, of my financial interest, relative to any claims I should assert under the California Workers' Compensation and/or 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 am employed in violation of this addendum, and I will further indemnify the City of San Diego for all damages the City thereby suffers.

I agree that my 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	
<input type="checkbox"/> New Enrollment—ACH	<input type="checkbox"/> 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: _____	Date: _____
Financial Institution Information	
Financial Institution: _____	
ACH Routing #: _____	Bank Account #: _____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> 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.	