



Contracting with The City of San Diego Commission for Arts and Culture

FY17 OSP and CCSD Contracts



Welcome





Who do I go to for what?

FY17 Contracts and Requests for Payment:

Whitney Roux,
Arts and Culture Funding Programs
Coordinator

P: 619. 236. 6798

E: wroux@san Diego.gov



FY18 Guidelines and Application:

Anjanette Maraya-Ramey,
Senior Manager of Arts and Culture
Funding Programs

P: 619. 236. 6788

E: amarayaramey@san Diego.gov



www.sandiego.gov/arts-culture/funding

Organizational Support Program

- 98 Applications
- 86 Funded
- 12 Not recommended for funding
- **Allocated: \$10,633,602**

Creative Communities San Diego

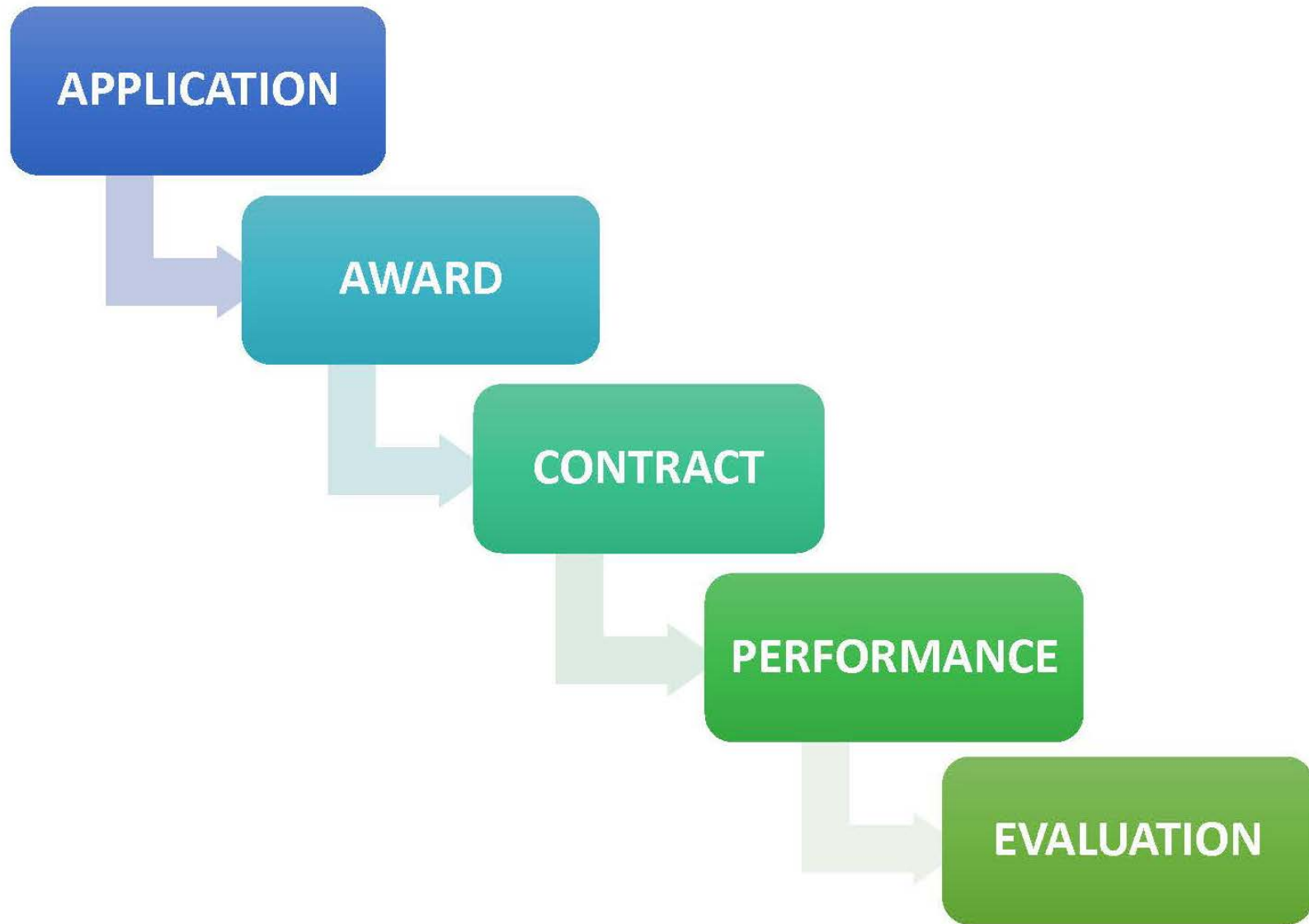
- 58 Applications
- 48 Funded
- 10 Not recommended for funding
- **Allocated: \$1,189,847**

Contract Period is from July 1, 2016 – June 30, 2017.

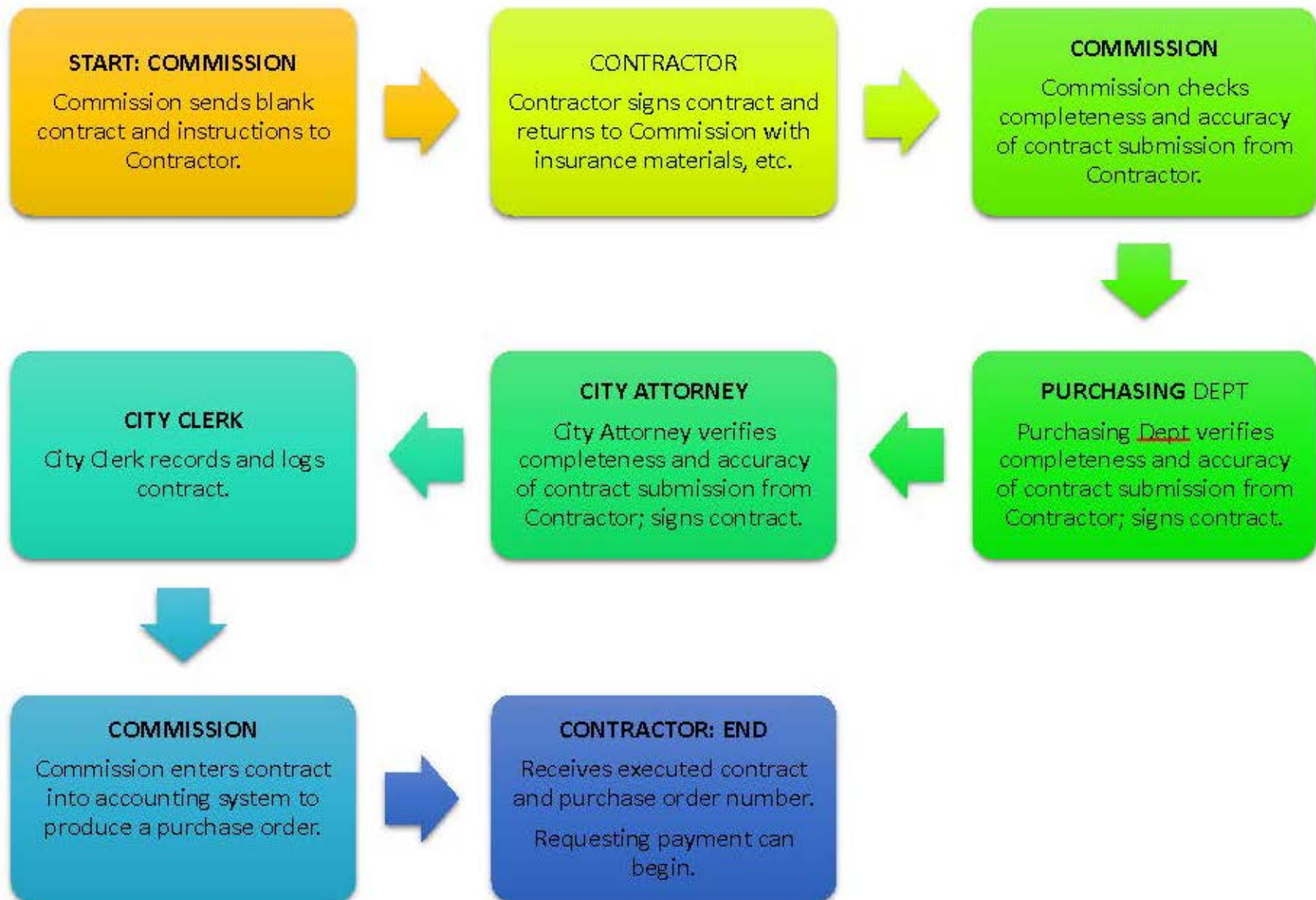




What is the funding process?



What is the contract process?





Where can I find all this info?

[www.sandiego.gov/
arts-culture/funding](http://www.sandiego.gov/arts-culture/funding)



Contract

Each nonprofit (Contractor) that is awarded funds from The City of San Diego (City) is required to enter into an agreement with the City to become City contractors.



What is included in the contract kit?

- One set of instructions for completing a contract kit
- One contract kit completion checklist
- One Electronic Funds Transfer (EFT) enrollment form
- One complete contract, unsigned
- One duplicate of the contract signature page
- One Exhibit A: Scope of Services
- One Exhibit B: Public Records Act Acknowledgement
- One “Declaration in Lieu” of Required Auto Insurance
- One “Declaration in Lieu” of Required Workers’ Compensation Insurance



Exhibit A – Scope of Services

Exhibit A is:

The scope of services that the Contractor is required to provide under this contract:

- The season highlights and goals and objectives stated in the submitted application.

All contractors should review Exhibit A and are expected to measure then report on the outcomes at the end of the contract period.



Exhibit B – Public Records Act

Exhibit B is an acknowledgement that:

- The contents of this contract and any documents pertaining to the performance of the contract are public records, and therefore subject to disclosure unless a specific exemption in the California Public Records Act applies.

For information about confidentiality and specific legal information pertaining to the Public Records Act, visit:
www.sandiego.gov/city-clerk/contact/requests



What are the insurance requirements?

Insurance Coverage Required

- Commercial General Liability (CGL),
- Commercial Auto Liability (Auto),
- Workers Compensation (WC).

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/2/2015	
<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 Alliant Insurance Services, Inc. 916-643-2700 2180 Harvard Street, Suite 460 Sacramento CA 95815			CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): 916-643-2750 E-MAIL: ADDRESS:		
INSURED ABC Corporation 123 B Street Sacramento, CA 95816			INSURER(S) AFFORDING COVERAGE INSURER A: Indemnity Insurance Company of N A NAIC # 43575 INSURER B: Everest National Insurance Company 10120 INSURER C: ACE Fire Underwriters Insurance Com 20702 INSURER D: INSURER E: INSURER F:		
COVERAGES CERTIFICATE NUMBER: 239115308 REVISION NUMBER:					
<p>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.</p>					
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SAMPLE	1/1/2015	1/1/2016
					LIMITS EACH OCCURRENCE \$1,000,000 PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SAMPLE	1/1/2015	1/1/2016
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SAMPLE	1/1/2015	1/1/2016
					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
CERTIFICATE HOLDER The City of San Diego Purchasing and Contracting 1200 Third Avenue, 2 nd Floor San Diego, CA 92101			CANCELLATION 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		
ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD					



Insurance Documents Required

- Certificate of Insurance
- Additional Insured Endorsement
- Proof of:
 - Primary and Non-Contributory Coverage
 - 30-day Cancellation Notice
 - Severability Coverage
 - Waiver of Subrogation for WC

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/2/2015	
<small>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.</small>					
<small>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).</small>					
PRODUCER Alliant Insurance Services, Inc. 916-643-2700 2180 Harvard Street, Suite 460 Sacramento CA 95815			CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: FAX (A/C, No): 916-643-2750		
INSURED ABC Corporation 123 B Street Sacramento, CA 95816			INSURER(S) AFFORDING COVERAGE INSURER A: Indemnity Insurance Company of N A INSURER B: Everest National Insurance Company INSURER C: ACE Fire Underwriters Insurance Com INSURER D: INSURER E: INSURER F: NAIC # 43575 10120 20702		
COVERAGES CERTIFICATE NUMBER: 239115308 REVISION NUMBER:					
<small>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.</small>					
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SAMPLE	1/1/2015	1/1/2016
					LIMITS EACH OCCURRENCE \$1,000,000 PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		SAMPLE	1/1/2015	1/1/2016
					COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SAMPLE	1/1/2015	1/1/2016
					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
CERTIFICATE HOLDER The City of San Diego Purchasing and Contracting 1200 Third Avenue, 2 nd Floor San Diego, CA 92101			CANCELLATION 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		
ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD					



Insurance Documents Required

- If CGL and Auto have two different policy numbers you need all of the above for each policy.
- Contracts and Payments can not be processed without current insurance in place.

COVERAGES			CERTIFICATE NUMBER: 239115308				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED 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)
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			SAMPLE	1/1/2015	1/1/2016
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:						
C	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			SAMPLE	1/1/2015	1/1/2016
	<input checked="" type="checkbox"/>	ANY AUTO					
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS			
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS			
	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR			
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE			
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$			
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SAMPLE	1/1/2015	1/1/2016
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	Y / N			
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							



Additional Insured Endorsement

Required for:

- CGL
- Auto

Required to have:

- “City of San Diego and its respective elected officials, officers, employees, agents and representatives.”
- The Policy Number needs to be on top.

POLICY NUMBER:	2017CC201	COMMERCIAL GENERAL LIABILITY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.		
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)		
This endorsement modifies insurance provided under the following:		
COMMERCIAL GENERAL LIABILITY COVERAGE PART.		
SCHEDULE		
Name of Person or Organization:		
City of San Diego and its respective elected officials, officers, employees, agents and representatives.		
(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)		
WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.		



Additional Insured Endorsement

POLICY NUMBER: 2017CC201

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
City of San Diego and its respective elected officials, officers, employees, agents and representatives.	

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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 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.



Insurance Samples – Policy Provisions

Primary/Non-Contributory, 30-Day Cancellation Notice and Severability (Separation of Insured)

Required for:

- CGL
- Auto

Can be an endorsement or a page from insurance policy document.

Required to have:

- The policy number needs to be on top.
- If you have two separate policies, you need one for each.

Policy #: 2017CC201		COMMERCIAL GENERAL LIABILITY CG 20 01 04 13
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.		
PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION		
This endorsement modifies insurance provided under the following:		
COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART		
The following is added to the Other Insurance Condition and supersedes any provision to the contrary:	(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.	
Primary And Noncontributory Insurance This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:		
(1) The additional insured is a Named Insured under such other insurance; and		



Insurance Samples – Policy Provisions

BUSINESS LIABILITY COVERAGE FORM Policy #: 2017CC201

This Paragraph f. applies separately to you and any additional insured.

3. Financial Responsibility Laws

a. When this policy is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the policy for "bodily injury" liability and "property damage" liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.

b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverage required by any motor vehicle law. We will provide the required limits for those coverages.

4. Legal Action Against Us

No person or organization has a right under this Coverage Form:

a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or

b. To sue us on this Coverage Form unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom a claim is made or "suit" is brought.

6. Representations

a. **When You Accept This Policy**

By accepting this policy, you agree:

(1) The statements in the Declarations are accurate and complete;

(2) Those statements are based upon representations you made to us; and

(3) We have issued this policy in reliance upon your representations.

b. Unintentional Failure To Disclose Hazards

If unintentionally you should fail to disclose all hazards relating to the conduct of your business at the inception date of this Coverage Part, we shall not deny any coverage under this Coverage Part because of such failure.

7. Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

a. **Primary Insurance**

This insurance is primary except when b. below applies. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.

b. **Excess Insurance**

This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:

(1) **Your Work**

That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(2) **Premises Rented To You**

That is fire, lightning or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(3) **Tenant Liability**

That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner;

(4) **Aircraft, Auto Or Watercraft**

If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section A. – Coverages.

(5) **Property Damage To Borrowed Equipment Or Use Of Elevators**

If the loss arises out of "property damage" to borrowed equipment or the use of elevators to the extent not subject to Exclusion k. of Section A. – Coverages.

Page 16 of 24 Form SS 00 08 04 05



Insurance Samples – Waiver of Subrogation

Required for:

- Workers Compensation Insurance

Required to have:

- “City of San Diego and its respective elected officials, officers, employees, agents and representatives.”
- The policy number needs to be on top.


WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY		WC 99 04 02 C (Ed. 9-14)									
Policy #: 2017CC201											
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA											
<p>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.)</p> <p>You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.</p> <p>The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.</p> <p>The minimum premium for this endorsement is .</p> <p>This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.</p>											
Schedule											
Specific Waiver	City of San Diego and its respective elected officials, officers, employees, agents and representatives.										
Person/Organization:											
Job Description:											
Waiver Premium:											
Class	State	Payroll Subject to Waiver									
<p>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.)</p> <table><tr><td>Endorsement Effective:</td><td>Policy No.:</td><td>Endorsement No.:</td></tr><tr><td>Insured:</td><td></td><td>Premium \$</td></tr><tr><td>Insurance Company:</td><td></td><td></td></tr></table> <p>WC 99 04 02C (Ed. 9-14)</p> <p>Countersigned by _____</p>			Endorsement Effective:	Policy No.:	Endorsement No.:	Insured:		Premium \$	Insurance Company:		
Endorsement Effective:	Policy No.:	Endorsement No.:									
Insured:		Premium \$									
Insurance Company:											



Insurance Samples – In Lieu Forms

Who should sign an **Declaration in Lieu - Auto Liability**?

- Your organization does not currently own any vehicles, and
- Your organization carries Commercial General Liability insurance for “hired” and “non-owned” autos.

		OTHER		
C	AUTOMOBILE LIABILITY			
	<input type="checkbox"/>	ANY AUTO		
		ALL OWNED AUTOS	<input type="checkbox"/>	
	X	HIRED AUTOS	X	
	UMBRELLA LIAB			
	EXCESS LIAB			
			OCCUR	
			CLAIMS-MADE	
	DED		RETENTION \$	




Insurance Samples – In Lieu Forms

Who should sign an **Declaration in Lieu - Workers Compensation?**

- Your organization has no paid employees, and
- All work to be performed under the contract will be done by solely by volunteers.

	DED	RETENTION
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<div>Y / N <input type="checkbox"/></div> <div>N / A</div>





Tips for getting your insurance right.

- Carefully read Article VII of the contract.
- Review the visuals from the Contract Technical Assistance Workshop.
- Share the insurance requirements found in Article VII of the contract and the visuals from this workshop with your organization's insurance broker.
- Verify that your organization's insurance policies will not expire in the next 90 days.



State & Federal Registrations

CA Dept. of Justice Charity Registration

- <http://rct.doj.ca.gov>
- Status Needed: Current

Department of Industrial Relations

- <http://www.dir.ca.gov/dlse/debar.html>
- Organization is not listed as Debarred.

CA Secretary of State

- <http://kepler.sos.ca.gov/>
- Status Needed: ACTIVE

System for Awards Management

- www.sam.gov
- Status Needed: ACTIVE or No Results



Status Needed: ACTIVE

Secretary of State Main Website

Business Programs

Notary & Authentications

Elections

Campaign & Lobbying

Business Entities (BE)

Online Services

- E-File Statements of Information for Corporations
- Business Search
- Processing Times
- Disclosure Search

Main Page

Service Options

Name Availability

Forms, Samples & Fees

Statements of Information (annual/biennial reports)

Filing Tips

Information Requests (certificates, copies & status reports)

Service of Process

Business Search

This search provides access to domestic stock, domestic nonprofit and qualified foreign corporations, limited liability companies, and the names and addresses of the principals of the entity, order a copy of the last complete Statement of Information, ordering certificates, copies of documents and/or status reports or to request a more extensive search.

Please note: This search is not intended to serve as a name availability search. For information on checking or reserving a name, refer to [Name Availability](#).

To conduct a search:

- Select the applicable search type.
- Enter the entity name or number you wish to search. Note: If entering the entity number of a corporation, you must enter the full number.
- Select the **Search** button.
- For help with searching an entity name or number, refer to [Search Tips](#).

Search Type:

- ☒ Corporation Name
- ☐ Limited Liability Company/Limited Partnership Name
- ☐ Entity Number

Entity Name:

Authentications

Elections

Campaign & Lobbying

State Archives

Business Search - Results

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed as of the date and time the search was performed. Results provided is not a complete or certified record of an entity.

Select an entity name below to view additional information. Results are listed alphabetically in ascending order by entity name. For information on checking or reserving a name, refer to [Name Availability](#).

For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Search Tips](#).

For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

Results for " OLD GLOBE THEATRE " returned 1 entity record.

Entity Number	Date Filed	Status	Entity Name	Agent for Service of Process
C0170125	02/03/1937	ACTIVE	OLD GLOBE THEATRE	MICHAEL G. MURPHY

[Modify Search](#) [New Search](#)

sandiego.gov



System for Awards Management

Status Needed: ACTIVE or NO RESULTS

SAM
SYSTEM FOR AWARD MANAGEMENT

HOME SEARCH RECORDS DATA ACCESS GENERAL INFO

Search Records

Search Tips to Get Started:

- Looking for entity registration records or entity exclusion records in SAM? Use **Quick** CAGE Code. Use **Advanced Search** to structure your search using multiple categories.
- Are you a Federal government employee? Create a SAM user account with your government information and registrants who chose to opt out of the public search.
- Conducting small business-focused research? In addition to what is contained in SAM, (SBA) supplemental information about themselves. Use the [SBA's Dynamic Small Business](#)
- Trying to find a contractor participating in the Disaster Response Registry? Use the [Disaster Response Registry](#) to provide debris removal, distribution of supplies, reconstruction, and other disaster or

QUICK SEARCH:

Enter your specific search term
(Example of search term includes the entity's name, etc.)

DUNS Number Search: Enter DUNS number ONLY

CAGE Code Search: Enter CAGE code ONLY

SEARCH Need Help?

Save PDF Export Results Print

Sort by Modified Date Order by Descending

Your search for "Old* Globe* Theatre*" returned the following results...

Entity	OLD GLOBE THEATRE	Status: Active (+)
DUNS: 073575052	CAGE Code: 4BoTo	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 01/14/2017	Delinquent Federal Debt? No	
Case of Registration: Federal Assistance		

Result page 0 of 0 Sort by Modified Date Order by Descending

FILTER RESULTS No records found for current search.

☒ Active
☒ Inactive

By Functional Area

☐ Entity Management
☐ Performance Information

Apply Filters

Note: Filters are case sensitive



Status Needed: CURRENT

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Home About the AG In the News Careers Services & Information Programs A - Z Contact Us

Search the Files of the Registry of Charitable Trusts

- Welcome to the search page of the Registry of Charitable Trusts (RCT). Here you are able to search for information on charities, charity fundraising professionals, and raffle registrants.
- This search page provides access to information about various types of entities that are registered with the Registry of Charitable Trusts. With a few exceptions, it does not currently provide access to electronic copies of documents filed with the Registry. Electronic copies of filings by certain registrants, such as the annual financial reports filed by commercial fundraisers for charitable purposes, are available elsewhere on the Charities website. Access to these reports is available at CFR search.
- Please enter search criteria below to start your search. Enter data in any field. Remember, the fewer your search criteria, the broader the range of the results that will be obtained by your search. For example, if you search using a name or federal employer identification number (FEIN) and leave the Registration Type or the Record Type fields blank, your results may return multiple registrations for the entity. It may be, for example, that the entity is registered both as a charity and as an organization conducting raffles.
- If you have partial information, you may use a wildcard search by placing an asterisk at the beginning or end of the search terms entered. For example, if you are not sure whether a name is spelled Alan or Allen, enter Al* to search.
- Searches by just Secretary of State or Franchise Tax Board Number or just FEIN can be slow. Searches using both of those numbers return results relatively quickly.
- For help using and interpreting the results from the Registry Search, please review [Registry Search Feature - Tips for use and definition of the codes.](#)

Record Type: All
Registration Type: All
Secretary of State or Franchise Tax Board Number:
State Charity Registration Number:
Organization Name: Outside the Lens
DBA:
FEIN (numbers only):
Registration Status: All
County:
City:
State: --All--
ZIP Code:
Search Clear

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Home About the AG In the News Careers Services & Information Programs A - Z Contact Us

For more detailed information on an organization's registration, click on the Organization Name from the alphabetical list below. If there are additional pages of the search results, there will be clickable page numbers at the bottom of the list. The maximum number of pages is 25 so if you do not find the organization for which you are searching, click the 'Search Again' button and change the search criteria.

Search Again

Organization Name	Registration Number	Record Type	Registration Status	City	State	Registration Type	Record Type
<u>OUTSIDE THE LENS</u>	CT0157511	Charity	Current	SAN DIEGO	CA	Charity Registration	Charity
1							



How can I expedite the process?

- Send complete and accurate insurance documents and keep the documents fresh throughout the year.
- Verify that your organization's status with state and federal agencies is – and stays – “active”/“current”.
- Designate one person in your organization to be the point of contact for Commission staff.