

SANTA CRUZ HARBOR BOATYARD

INSTRUCTIONS FOR INDEPENDENT CONTRACTOR REGISTRATION

1. Complete the application form.
2. Attach insurance certificates. See back page for insurance requirements.
3. Attach any licenses/certificates related to services to be performed.
4. Attach check for \$100 payable to Santa Cruz Port District.
5. Submit original documents to:

Santa Cruz Port District, Attention: Boatyard
135 5th Avenue
Santa Cruz, CA 95062

Do not fax or email applications. Allow 10 days for processing.



SANTA CRUZ HARBOR BOATYARD

INDEPENDENT CONTRACTOR REGISTRATION REQUEST FORM

Independent Contractors wishing to perform services at the Santa Cruz Harbor Boatyard are required to submit this application form with proof of insurance, any licenses/certificates, and applicable fees for approval prior to performing any work. Registration shall remain valid for 12 months unless terminated sooner due to lapse in insurance coverage or other cause. Registration is not valid until signed by Port District.

Instructions for Completing Form:

1. Complete entire form legibly in black or blue ink. Form may be typed or handwritten.
2. Check applicable boxes and sign where indicated.
3. Attach evidence of insurance coverage naming Santa Cruz Port District as additional insured where applicable. See attached insurance coverage requirements.
4. Attach any licenses or certifications applicable to trade or services to be offered. *(Note - licenses/certificates are not required to be approved by Port District, but will be made available to prospective customers).*
5. Submit completed form and processing fee to Santa Cruz Port District, 135 5th Avenue, Santa Cruz, CA 95062.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

BUSINESS INFORMATION

Business Name

Street Address

Mailing Address

City

State ZIP

Business Phone

Emergency Phone

OWNER INFORMATION

Owner Name

Street Address

City

State ZIP

Email:

Phone

Emergency Phone

Service Provided: (List all)

<input type="checkbox"/> Bottom Prep / Paint	<input type="checkbox"/> Marine Engine	<input type="checkbox"/> Other Mechanical
<input type="checkbox"/> Fiberglass / Gelcoat	<input type="checkbox"/> Rigging	<input type="checkbox"/> Other _____
<input type="checkbox"/> Topside Paint / Varnish	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other _____

INSURANCE REQUIREMENTS:

Insurance must be renewed annually.

(Check boxes for all insurance certificates provided. Explain any missing certificates on additional sheets.)

- General Liability Insurance (\$1 million) naming Santa Cruz Port District as additional insured
- Personal Injury Insurance (\$1 million) naming Santa Cruz Port District as additional insured
- Ship Repairers Legal Liability Insurance (\$1 million) naming Santa Cruz Port District as additional insured
- Automotive Liability (\$1 million) naming Santa Cruz Port District as additional insured
- Workers' Compensation (if contractor has any employees) I have no employees

<input type="checkbox"/> Fees Paid	<u>Port District Use Only</u>		
Approved By: <input style="width: 250px; height: 25px;" type="text"/>	Approved Date: <input style="width: 150px; height: 25px;" type="text"/>	Expiration Date: <input style="width: 150px; height: 25px;" type="text"/>	

REFERENCES:

Provide names and contact information for at least three (3) individuals familiar with the quality of your work.

REFERENCE NO. 1:

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

REFERENCE NO. 2:

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

REFERENCE NO. 3:

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

REFERENCE NO. 4:

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

LICENSES / CERTIFICATES HELD:

List any licenses or certificates applicable to the services you perform. Include the license/certificate number and expiration date.

License Type:	<input type="text"/>	
License No.:	<input type="text"/>	Expiration Date: <input type="text"/>
License Type:	<input type="text"/>	
License No.:	<input type="text"/>	Expiration Date: <input type="text"/>

I certify under penalty of perjury that the information provided herein and included in any attachments is truthful and accurate to the best of my knowledge. By signing and submitting this form, I authorize the Santa Cruz Port District to check references, and to validate licenses and certificates claimed. I understand that receiving approval to perform work in the Santa Cruz Harbor Boatyard is at the sole discretion of the Santa Cruz Port District and is subject to maintaining required insurance coverages and to performing work in accordance with the rules published by the Port District as amended from time to time. I hereby waive any claims for damages arising as a result of performing any work in the the Santa Cruz Harbor and the Santa Cruz Harbor Boatyard, and for any damages arising due to expiration or cancellation of any approval by the Santa Cruz Port District, and agree to hold harmless the Santa Cruz Port District and its employees and agents. I acknowledge that the Santa Cruz Port District is not a third party in any contract between the service provider and Boatyard customer, nor will it act as a mediator to resolve disputes.

Applicant Signature

Date

Insurance Requirements for Subcontractors and Vendors

It is a condition of the Santa Cruz Port District that those firms furnishing materials or providing services such as boat repair/maintenance, construction, contract maintenance/cleaning, moving or transportation shall have sufficient insurance in force, in the amounts equal to or in excess of the amounts specified herein and comply with all requirements below.

1) General Liability:

- \$2 Million General Aggregate Limit
- \$2 Million Products/Completed Operations Aggregate Limit
- \$1 Million Personal/Advertising Injury Limit
- \$1 Million Occurrence Limit
- \$1 Million Ship Repairers Legal Liability

Policies shall cover and name the Santa Cruz Port District as Additional Insured.

Include Waiver of Subrogation endorsement in favor of the Santa Cruz Port District.

3) Workers Compensation

- Statutory Workers Compensation and United States Longshore & Harbor Workers Compensation Act
- \$1 Million Employers Liability Limits

Include Waiver of Subrogation endorsement in favor of the Santa Cruz Port District.

4) Automobile:

- \$1 Million Automobile Liability Limit per accident or occurrence covering any owned, non-owned, or hired motor vehicles used in the performance of services.

The Certificate of Insurance shall state that:

"The Santa Cruz Port District is named as Additional Insured and Waiver of Subrogation endorsements have been issued in respect of General Liability and Workers Compensation policies."

All insurance companies are to be rated "A" or better by A.M. Best. The "cancellation notice" time period shall be thirty (30) days, or ten (10) days in the event of cancellation for non-payment of premium.

Certificate of Insurance should be sent via e-mail to:

Santa Cruz Port District
135 5th Avenue
Santa Cruz, CA 95062
Attention: Holland MacLaurie, Administrative Assistant
E-Mail: hmaclaurie@santacruzharbor.org

Any questions should be directed to: Boatyard Manager, (831) 475-3002
Phil Worthen, pworthen@santacruzharbor.org