



# INSTRUCTOR WELCOME PACKET

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[Rocklin.ca.us/Recreation](http://Rocklin.ca.us/Recreation)



# WELCOME

Thank you for your interest in becoming (or returning as) an instructor! Before we get this party started, there are a few items that need to be completed prior to the start of the classes. This packet will include all pertinent information and forms to complete. Below are the due dates for everything:

Class proposal: May 18<sup>th</sup>, 2026

New Vendor Forms: June 1<sup>st</sup>, 2026

Insurance, Endorsement, Workers Comp: June 1<sup>st</sup>, 2026

If you have any questions, please contact Monica Nitz at [monica.nitz@rocklin.ca.us](mailto:monica.nitz@rocklin.ca.us)



# MEET YOUR TEAM

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## **Monica Nitz**

*Recreation Coordinator*

✉ [Monica.Nitz@rocklin.ca.us](mailto:Monica.Nitz@rocklin.ca.us)

☎ 916-625-5248

Monica will be your main point of contact for the duration of your classes and is currently responsible for all things marketing.

## **Laurie York**

*Administrative Analyst*

✉ [Laurie.York@rocklin.ca.us](mailto:Laurie.York@rocklin.ca.us)

☎ 916-625-5200

Laurie will manage all contracts, insurance updates, and anything finance related.



## **Chris Meyer**

*Parks and Recreation Supervisor*

✉ [Chris.Meyer@rocklin.ca.us](mailto:Chris.Meyer@rocklin.ca.us)

Chris oversees recreation programs, sport agreements, venue rentals and events.



# IN THIS PACKET

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## **Class Proposal**

This section has the link for class proposals as well as the information on marketing.

6

## **Insurance Req.**

This section includes the verbiage from our instructor agreement and covers the insurance need based on the classes you are instructing.

7

## **Sample Insurance**

This is a sample document that has insurance requirements on an Acord 25 Certificate of Insurance.

8

## **Sample Endorsement**

All insurance documents require an endorsement page naming the City of Rocklin as additional insured.

9

## **Workers Comp**

If you are the sole instructor and have no employees, this form will need to be completed.

10

## **New Vendor Docs**

All new instructors must fill out a New Vendor Form and Request for Taxpayer ID.



# CLASS PROPOSALS

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Class Proposals Form: [CLICK HERE](#) 

- Please fill this out for every class you would like to propose.
- If you are submitting multiple classes, please fill one form out in its entirety. The remaining classes will only need the required fields.
- The last day to submit proposals will be **May 18th, 2025**

## MARKETING

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Vendors are encouraged to submit any and all photos taken of their program. We will use these photos to further advertise your programs.

Some other forms of advertisement you are encouraged to submit are:

- 8.5" x 11" Full page flyer
- Program Brochure
- Static photo/Commercial video for our office lobby
- Tagging our social media accounts in your posts

# INSURANCE REQUIREMENTS

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

**Commercial General Liability (CGL) – Buildings:** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$1,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

**Commercial General Liability (CGL) – Fields:** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

**Sexual Abuse or Molestation (SAM) Liability:** If the work will include contact with minors, and the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Contractor shall obtain and maintain a policy covering Sexual Abuse and Molestation with a limit no less than \$1,000,000 per occurrence or claim.

**Workers’ Compensation** as required by the State of California, with Statutory Limits and Employer’s Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease. If Contractor has no employees, Contractor must notify City if an employee is hired, verify proof of coverage for any subcontractors, and agrees to hold City harmless and defend City from claims arising from failure to provide workers’ compensation benefits.

See next page for additional provisions.

# ADDITIONAL INSURANCE PROVISIONS

**Additional Insured Status.** The City, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL and SAM policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).

**Primary Coverage:** For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance coverage at least as broad as ISO CG 20 01 04 13 as respects the City of Rocklin, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City of Rocklin, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

**Umbrella or Excess Policy.** The Contractor may use Umbrella or Excess Policies to provide the liability limits as required in this Agreement. This form of insurance will be acceptable provided that all of the Primary and Umbrella or Excess Policies shall provide all of the insurance coverages herein required, including, but not limited to, primary and non-contributory, additional insured, Self-Insured Retentions (SIRs), indemnity, and defense requirements. The Umbrella or Excess Policies shall be provided on a true "following form" or broader coverage basis, with coverage at least as broad as provided on the underlying Commercial General Liability insurance. No insurance policies maintained by the Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until the Contractor's primary and excess liability policies are exhausted.

**Notice of Cancellation:** Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City of Rocklin.

**Waiver of Subrogation:** Contractor hereby grants to City of Rocklin a waiver of any right to subrogation which any insurer of said Contractor may acquire against the City of Rocklin by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City of Rocklin has received a waiver of subrogation endorsement from the insurer.

**Acceptability of Insurers:** Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City of Rocklin.

**Verification of Coverage:** Contractor shall furnish the City of Rocklin with original Certificates of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to City of Rocklin before work begins. All certificates and endorsements are to be received and approved by the City of Rocklin at least five days before Contractor commences activities.

**Special Risks or Circumstances:** City of Rocklin reserves the right to modify these requirements based on the nature of the risk, prior events, insurance coverage, or other special circumstances.

# EXAMPLE OF CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS



## 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 have ADDITIONAL INSURED provisions or 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).

**Business' Insurance Broker**

PRODUCER Agency Manager, Inc.  
2500 Bond Street  
University Park, IL 60466  
Phone: 800-999-5368

CONTACT NAME: Joe Smith  
PHONE (A/C No. Ext): 281-330-8004 FAX (A/C No.):  
E-MAIL: Joe@AgencyManager.Com

**Name of Insured**

INSURED Valet Business  
5460 5th Street  
Rocklin, CA 95677

### 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. TYPE	TYPE OF INSURANCE	ADDL. SUBR. INSD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		PN123465789	01/10/2026	01/10/2027	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 4,000,000
						PRODUCTS - COMPI/OP AGG \$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED. <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
	Sexual Abuse & Molestation		PN987654321	01/10/2026	01/10/2027	Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: <Event Name>, <Event Date> Certificate Holder is an Additional Insured as listed on the attached Form

### CERTIFICATE HOLDER

City of Rocklin, Its officers, employees, agents and volunteers  
3970 Rocklin Road  
Rocklin, CA 95677

### 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

**Signed by broker or insurance company**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name of Additional Insured Person(s) Or Organization(s)
<p><i>The City of Rocklin, its officers, employees, agents and volunteers.</i></p>
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 out of ongoing operations performed for that insured.

B. With respect to the insurance afforded these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to “bodily injury” or “property damage” occurring after:
- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations as been completed;

or

(2) That portion of “your work”, out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



## Declaration of Exemption from Workers' Compensation Requirement

BusinessLegalName: \_\_\_\_\_

ContactPerson(NameandTelephone): \_\_\_\_\_

CityofRocklinContractName: \_\_\_\_\_

IamtheauthorizedrepresentativeoftheBusinessmentionedabove(Business). I warrant that the Business hasnoemployeesotherthantheowners,officers,directors,partners,orother principals who have elected tobeexemptfromworkers'compensationcoverageunderCalifornia law.Ifurther warrant that I understand therequirementsofSection3700etseq.oftheCaliforniaLaborCodeconcerning providing workers' compensationcoveragefor any employees of the Business.

IamnotrequiredunderanyotherprovisionofCalifornia lawtoobtainWorkers' Compensation Insurance, includingprovisionsthatrequirebusinesseswithoutemployeeestoobtain Workers' Compensation Insurance.Forexample,CaliforniaBusiness&ProfessionsCodeSection7125 requires contractors with thefollowingCAStateContractor'sLicenseBoardLicensetypestoobtain Workers' Compensation insurance,eveniftheydonothaveemployees:C-8,C-20,C-22,C-39,D-49 a subcategory of C-61. This isnotaninclusivelist,andotherlawsmayrequirecontractortoobtainWorkers' Compensation Insurance evenifthey do not haveemployees. Iagreetocomplywiththecoderequirementsandallotherapplicablelaws and regulations regarding workers'compensation,payrolltaxes,FICAandtaxwithholding,andsimilar employment issues. The Businessagreestoindemnify,defend,andholdCityofRocklinharmlessfrom any loss or liability, which mayarisefromtheBusiness'sfailuretocomplywithanysuchlawsorregulations.

ShouldtheBusinessoritssubcontractorshireemployeeestoperformworkfor the document(s) referenced above,theBusinessoritssubcontractorshallobtainworkers'compensation insurance immediately or as otherwiserequiredbylawandprovideproofofthecoveragetoCityofRocklin within three (3) business days ofthehire.

TheBusinesswilldefend,indemnifyandholdharmlesstheCityofRocklin from all claims and liability, includingworkers'compensationclaimsandanyliabilitythatmaybeasserted or established by any party intheeventtheBusinesshiresanemployeeinviolationofthisaddendum. The Business will further indemnify City ofRocklin for all damages City ofRocklinthereby suffers.

ThisformDeclarationofExemptionfromWorkers'CompensationRequirement shall be attached to and made apartof the Agreementfor Services referenced above.

**Certification:** IcertifyunderpenaltyofperjuryunderthelawsoftheStateof California that the information provided onthis exemptionstatement is trueandaccurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Receipt Acknowledge by City of Rocklin:**

Date: \_\_\_\_\_

Director of Administrative Services or Designee: \_\_\_\_\_

# CITY OF ROCKLIN

## NEW VENDOR INFORMATION FORM

Business Name \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 (if a Sole Proprietor) \_\_\_\_\_

Business Location \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remit Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Tax ID or Owner's \_\_\_\_\_

\*Social Security # \_\_\_\_\_

\*The IRS prefers a Social Security # for Sole Proprietors.

Type of Business ☒ Sole Proprietor ☒ Partnership ☒ Corporation  
☒ Government Entity ☒ Non-Profit ☒ LLC ☐ Other

Does your business perform a service?

☒ Yes ☐ No

Does your business supply products or materials?

☒ Yes ☐ No

If located in the City of Rocklin, do you have a City Business License?

☒ Yes ☐ No

Briefly describe the products, materials, or services your business provides.

Example: Building materials, safety equipment, legal services, etc.

☒ Yes ☐ No

☒ Yes ☐ No

### Payment Terms:

(City standard  
term is net 30)

Days to Net \_\_\_\_\_

Other \_\_\_\_\_

Due Upon Receipt \_\_\_\_\_

Days to Discount \_\_\_\_\_

The City of Rocklin is NOT Sales Tax Exempt

**A completed W-9 Form is required to be submitted with the New Vendor Form**

### Internal Information CITY DEPT.

Requested By: \_\_\_\_\_

Submit completed forms to:  
[VendorAPInformation@rocklin.ca.us](mailto:VendorAPInformation@rocklin.ca.us)

### FINANCE ONLY

Vendor # \_\_\_\_\_

Date Entered: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

See Specific Instructions  
on page 3.  
Print or type.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do <b>not</b> check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  (Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN**, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see **What Name and Number To Give the Requester** for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See** what is backup withholding, later.



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# NEXT STEPS



*Thank you!*

Once these documents are completed,  
please email them to Monica Nitz!

Monica.Nitz@rocklin.ca.us  
916-625-5248



@RocklinParksRec

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