



CID. No. _____

Fee: _____

Expires: 6/30/_____

COMMERCIAL IDENTIFICATION ("CID") CARD APPLICATION

Permission is requested to conduct business within the boundaries of the Ventura Port District by:

Name of Person _____ M F

Name of Company _____
(DBA, Partnership, Corporation)

Business Address _____

City _____ State _____ Zip Code _____

Business Phone (_____) _____ Residence Phone (_____) _____

Email Address _____

Driver's License No. _____ City Business License No. _____

Height _____ Weight _____ Hair _____ Eyes _____ Birth date _____

Describe Commercial Activity to be Performed: _____

Subject to the following conditions/requirements:

- A. **CID card is for purposes of identification only** and is not intended to grant permission to any cardholder to enter onto any specific leasehold within the Ventura Harbor to perform commercial activity, Card must be renewed annually expiring on June 30th of each year.
- B. **CID card application** shall be submitted in person to Ventura Port District staff at 1603 Anchors Way Drive, Ventura, CA 93001, with all required conditions and photos attached.
- C. **Business Employee CID cards** may be obtained by submitting the fully completed "Additional Employees Attachment" form, and each employee must present his/her photo I.D. in person to Ventura Port District staff.
- D. **CID card recipient shall carry the CID Card** on his/her person at all times while engaged in permitted activity and shall display same to any law enforcement official upon demand.
- E. **CID card recipient agrees** to surrender said CID Card upon expiration (June 30th of each year) or cancellation for violation, misstatement, incorrect information or non-compliance of the terms and conditions set forth by the Ventura Port District.

F. **Fee for Vendor/Business card renewal as of July 1st:** Payment of Two Hundred dollars (\$200.00) for business owner, and twenty-five dollars (\$25.00) for each employee.

PLEASE NOTE: There will be a twenty-five dollar (\$25.00) fee for lost cards.

G. Submittal of two (2) recent professional quality, 1½ x 1 inches (passport photo size) color (preferred) photographs for each applicant that show front view of applicant's face and shoulders.

H. **Evidence of a current business license** from the City of San Buenaventura is required.

I. **Evidence of insurance coverage in the form of a Certificate of Insurance naming the Ventura Port District as certificate holder and an additional insured** and providing that the policy of insurance shall not be canceled without first giving the Ventura Port District written notice of 10 days. **Additionally, evidence of the additional insured endorsement in the form of an endorsement page naming the Ventura Port District as an additional insured must be submitted with the certificate.** The policy shall have the following minimum limits of insurance:

1. Commercial General Liability "occurrence" coverage in the amount of \$500,000 combined single limit (CSL) bodily injury and property damage for each occurrence.

J. **Evidence of Worker's Compensation coverage if the business has employees** per statutory requirements, and providing that the policy of insurance shall not be canceled without first giving the Ventura Port District written notice of 10 days.

K. **Hold Harmless.** The CID Card Recipient shall save harmless and indemnify, and, at the VENTURA PORT DISTRICT'S (the "District") request, defend the DISTRICT, its officers, officials, employees, agents, representatives, and volunteers from and against any and all claims, demands, actions, damages, expenses, suits, accidents, injuries, liability, or proceedings of any character whatever (including without limitation, attorney's fees), in law or in equity, including, but not limited to, injury to or death of any person, and damages to or destruction of property, brought for or on account of, or resulting from or arising out of or in connection with, any act, error or omission, negligence, wrongful conduct, or other action or activity by the CID Card Recipient or any of the CID Card Recipient's officers, agents, employees, representatives, subconsultants, or subcontractors.

L. **Assurance that all commercial or business activity** will not pose a navigational hazard within the harbor, will not impede the free circulation of vessels, vehicles or persons within the harbor, and will not adversely affect any type of traffic within the harbor.

M. **Assurance that commercial or business activity** will not cause pollution of the harbor waters or littering of the docks, wharves, walkways, or adjacent land areas within the harbor.

N. **Compliance with any further requirements** as deemed appropriate and in the public interest by the Board of Port Commissioners.

I have read understand the Ventura Port District application requirements and agree to comply with those conditions:

Applicant's Signature **Date**

Ventura Port District **Date**

*Commercial Identification Cards
Additional Employees Attachment*

Permission is requested to conduct business within the boundaries of the Ventura Port District by:

Name of Person _____ M F (photo)

Driver's License No. _____

Height _____ Weight _____ Hair _____ Eyes _____ Birth date _____

Permission is requested to conduct business within the boundaries of the Ventura Port District by:

Name of Person _____ M F (photo)

Driver's License No. _____

Height _____ Weight _____ Hair _____ Eyes _____ Birth date _____

Permission is requested to conduct business within the boundaries of the Ventura Port District by:

Name of Person _____ M F (photo)

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Permission is requested to conduct business within the boundaries of the Ventura Port District by:

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Permission is requested to conduct business within the boundaries of the Ventura Port District by:

Name of Person _____ M F (photo)

Driver's License No. _____

Height _____ Weight _____ Hair _____ Eyes _____ Birth date _____

SAMPLE

FOR CID APPLICATIONS



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, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, PRODUCER CUSTOMER ID #, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, INSURER A, B, C, D, E, F

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

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

CERTIFICATE HOLDER: Ventura Port District, 1603 Anchors Way Drive, Ventura, CA 93001-4229. 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 signature line

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**Ventura Port District
1603 Anchors Way Drive
Ventura, California 93003**

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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