



Uncharted Shores Academy

INDEPENDENT VENDOR AUTHORIZATION

Vendor Business Name: _____

Address: _____

Phone Number: _____ Email: _____

Activity for which the vendor service will provide instruction:

Vendor Checklist: (office staff – initial as received or verified)

- ✓ Vendor Agreement signed: _____
- ✓ Vendor business license: _____
- ✓ Vendor W-9 Taxpayer Identification and Certification: _____
- ✓ Vendor **certificate of liability insurance** for a minimum of \$1,000,000 per occurrence/\$2,000,000 aggregate with Uncharted Shores Academy as an additional insured to said liability insurance policy: _____
- ✓ **Fingerprinted background check** through the DOJ: _____
(not required if Vendor agrees to ensure an authorized adult is within sight of the child at all times, and parent agrees to accompany and observe child)

Vendor is approved to begin meeting with USA students on _____

Signature of Office Personnel: _____

Title of Office Personnel: _____

Date: _____

Copy to vendor and teacher/parent of a student with a vendor agreement. Original on file.