

**Conejo Valley Unified School District  
AGREEMENT FOR SERVICES**

This agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between the Conejo Valley Unified School District, Ventura County, California, hereinafter referred to as the "District" and the independent service provider hereinafter referred to as the "Provider."

Name of Provider:		
Description of Service:		
Date(s) of Service:	Hour(s) of Service:	Location of Service:
The District agrees to compensate the Provider for services rendered as follows:		
Compensation for Services		\$ _____
Other Ancillary Cost, if applicable		\$ _____
Total Amount Not to Exceed		\$ _____
Such amount is to be paid in the following manner:		

This Agreement may be terminated by giving of 45 days written notice of termination to authorized agent or site administrator during or relating to the performance of service under this agreement.

The Provider agrees to notify his/her school employer (if he/she is employed by a school district, county superintendent or other school entity) of this agreement and the dates upon which he/she intends to perform pursuant to this agreement. Provider agrees that he/she will not accept salary, other than leave, compensatory time off, or vacation benefits from the school employer while he/she is performing services pursuant to this agreement.

The Provider, in the performance of this agreement, shall be and act as an independent provider and the Provider, his/her officers, agents and employees shall not be considered officers, employees, or agents of the District.

- The Provider shall maintain such insurance as will protect him/her from claims under Workers' Compensation Acts which may arise from activities under this Agreement. The Provider shall maintain and provide proof of Liability Insurance policy in an amount not less than \$1,000,000/\$2,000,000 - comprehensive commercial, or coverage as dictated by District. **If applicable**, the following will also be required: Commercial Automobile Insurance for vehicles that drive on our campus. Provider shall be responsible to ascertain from the District the rules and regulations pertaining to safety, security and driving on school grounds, particularly when children are present. Abuse/Molestation Insurance if the vendor is working with or around students on our campus. Pollution Insurance for companies involved in handling Hazardous Chemicals and/or waste.
- The Provider shall furnish a Certificate of Insurance and Additional Insured Endorsement naming Conejo Valley Unified School District as additional insured.
  - Verified Exp. Date \_\_\_\_\_, and
  - Additional Insured Endorsement, or attach both Certificate of Liability Insurance & Additional Insured Endorsement page
- The Provider shall hold harmless from all liability and indemnify the District, its officers and employees against every claim or demand which may be made against the District, its officers or employees by reason of any injury or death of any person or damages or loss of property sustained by any person, firm, or agency, including but not limited to the District, its officers, employees or students resulting from or arising out of Provider's operations under this agreement, except where personal injury, bodily injury and/or property damage result from the district's negligence.
- The Provider, at his/her own expense, shall defend any and all legal proceedings that may be brought against the District, its officers and employees, on any such claim or demand, and satisfy any judgment that may be rendered against any of them.

<b>To be filled out by Provider:</b>	
Provider Name (print or type)	Firm:
Signature:	New Vendor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide complete W9
Address:	Contact Name
<b>Payment: Provider must submit an invoice upon completion of services and/or agreed upon above</b>	Contact phone#: _____ Contact cell phone#: _____
<b>To be filled out by Site or Department</b>	
Administrator Name	Administrator Signature:
Purchase Requisition #:	Date:
Account# and SACs Code	Resource:

Approval: Administrator \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_  
Assistant Superintendent, Business & Facilities

Date: \_\_\_\_\_  
 Board  No Board