CONTRACTOR ATTESTATION PORT OF SEATTLE COVID-19 VACCINATION REQUIREMENTS

| Contractor Name: | |
|---------------------------------|--|
| Contract Number, if applicable: | |

Contractor named above must complete the section below and return via email to <u>CovidAttestation@Portseattle.org</u> on or before March 9. If you are unable to comply with the requirements of this notice, you must immediately notify the Port of Seattle in writing at the above email address.

By this Attestation, I______, the ______(title) at ______(company name) the "Contractor" named above, affirm that I am the authorized representative of the named contractor of the contract identified above, and acknowledge that I have received, reviewed, and understand the attached Port of Seattle EX-29 (COVID-19 Contractor/Consultant Vaccination Requirement) ("Vaccine Requirement"), as well as Governor Inslee's Proclamation 21-14.1 ("Proclamation") and agree to comply with the Vaccine Requirement, as well as any other local, state, and federal requirements, and any updates and revisions thereto.

- A Contractor (as defined in the attached Vaccine Requirement) shall assume responsibility of verifying full COVID-19 vaccination for each of its Contractor Employees (as defined in the Vaccine Requirement) performing any work or services in person in Port Offices (as defined in the Vaccine Requirement) by manually reviewing Evidence of Vaccination (as specified in Section II.C of the attached Vaccine Requirement). *If you do not receive the requisite Evidence of Vaccination, that Contractor Employee is considered unvaccinated.*
- 2. Contractor Employees for any Contractor who are not fully vaccinated may not enter or perform any work or services in person in Port Offices.
- 3. Contractor Employees for any Contractor who test positive for COVID-19 may not enter or perform any work or services in person in Port Offices until a minimum 5 days until after symptoms appeared, and with two conditions 1) fever free for 24 hours prior to return and 2) symptoms resolving.
- 4. Workers for any Contractor that enter or perform any work or services in person in Port Offices for more than 15 consecutive minutes must wear an appropriate face mask while on Port Property, in accordance with EX-29 Section II.B.
- It is the responsibility of the Contractor to ensure there is no interruption of service to the Port of Seattle if the Contractor, or any Contractor Employees, are precluded from working on Port Property due to non-compliance with the requirements outlined above and in EX-29.
- 6. Contractors are responsible for contacting any subcontractors and informing them of the Vaccine Requirement and Proclamation requirements, and Contractors are responsible for either providing an attestation covering all subcontractors' employees that enter or perform any work or services in person in Port Offices for more than 15 consecutive minutes or for providing separate subcontractor attestations or proof of subcontractor worker vaccination consistent with these requirements.
- 7. The Contractor agrees to submit additional signed attestations upon request of and by the date

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designated by the Port of Seattle.

8. The Contractor further agrees to cooperate with any investigation or inquiry the Port of Seattle makes into the Contractor's compliance with the Vaccine Requirement. This includes providing information and records upon request, except any information or records that the contractor is prohibited by law from disclosing.

For the purposes of this attestation, a Contractor Employee is not fully vaccinated until 14 days after the last shot required in any vaccination series and the Contractor Employee must have received any vaccinations as may be recommended by the Centers for Disease Control and Prevention (CDC).

I declare under penalty of perjury under the law of the Washington that the foregoing is true and accurate.

| Signed on this day of | 202, at | | | |
|-------------------------|---------|------------------|---------|--|
| · / | | (city) | (state) | |
| Contractor Signature | | Print Name | | |
| - | | | | |
| Title | | | | |
| Company/Contractor Name | | Street Address | | |
| @ | | | | |
| Email address | | City, State, Zip | | |
| | | | | |

Phone number