



**ANNUAL RENEWAL
COMMERCIAL USE AUTHORIZATION**
Pu'uhonua o Hōnaunau NHP and/or Kaloko-Honokōhau NHP
CUA Coordinator
Phone Number: (808) 328-2326 x1221, (808) 329-6881 x1330



Attachment A: List of Approved Services and Required Documentation
Attachment B: Insurance Requirements

- 1. **Applicant's Legal Business Name:** *[Include any additional names (DBA) under which you will operate.]*
- 2. **Authorized Agents:** *(Name and title of owner, and any onsite person authorized to manage the operation or service.)*

3. Mailing Addresses

PRIMARY CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

ALTERNATE CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

If same as "Primary Contact Information, check here and go to question 6.

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

4. What is your Business Type? *(Please check one below)*

Sole Proprietor

Partnership *(Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)*

Name:

Name:

Corporation: *(State: Entity Number:)*

Non-Profit *(Please attach a copy of your IRS Ruling or Determination Letter)*

5. State Business License Number:

Expiration Date:

6. Employer Identification Number (EIN):

7. Liability and Vehicle Insurance:

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America as additional insured. Minimum coverage amount is \$500,000 per occurrence. Some activities will require increased coverage; see Park-Specific CUA Insurance Requirements ("Attachment B"). Auto Liability insurance is also required at the minimum coverage amounts described below.

COMMERCIAL GENERAL LIABILITY INSURANCE	
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping)	\$500,000
Commercial Vehicle Insurance – Passenger Transport (bodily injury and property damage)	Minimum per Occurrence Liability Limits*
Up to 6 passengers	\$1,000,000
7 – 15 passengers	\$1,500,000
16 – 25 passengers	\$3,000,000
26+ passengers	\$5,000,000

* Indicated minimum per occurrence liability limit or minimum State liability requirement in State of operation, whichever is greater

8. Will your business operate vehicles (car, truck, van, bus, taxicab, vessel, aircraft, etc.) within NPS boundaries? Yes No

If "Yes," please give a description of each vehicle. Use additional paper, if necessary. All vehicles are required to be registered and the operators are required to have the proper licenses to operate them commercially, as required by law or regulation.

Make/Model of Vehicle	License Number	Year	Max # Passenger Capacity	Own/Rent

Make of Aircraft	Tail Number	Max # Passenger Capacity	Own/Rent

Make/Model of Vessel	Registration Number or USCG Documentation	Length	Max # Passenger Capacity	Own/Rent

9. Employee Licenses and Certifications:

Parks typically require proof of applicable licenses, registrations and certificates of training, such as; valid driver's or pilot's license, fishing license, vessel registration, dive certification, CPR certification, or others. Provide copies of licenses and certifications required by "Attachment A".

10. NPS Employment:

Are you, your spouse, or minor children employed within the National Park Service?

Yes No If "Yes", please provide information below:

Employee Name: _____ Title: _____

Park and Office Where Employed: _____

11. Violations:

To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions.

Yes No If "Yes", please provide the following information. Attach additional pages, if necessary.

Date of violation or incident under investigation:

Name of business or person(s) charged:

Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail (optional):

(Results) Action Taken by Court:

12. Fee:

NA

13. Signature:

False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature Date

Printed Name Title

NOTICES

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 USC 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. OMB has assigned control number 1024-0268 to this collection.

Estimated Burden Statement

We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242, Reston, VA 20192. Please do not send your completed form to this address; but rather to the address at the top of the form.

Authorized Services & Required Licenses, Registrations and Training Certificates

AUTHORIZED COMMERCIAL SERVICE	REQUIRED DOCUMENTATION
Guided hiking/ guided photography/ birdwatching	Mandatory Park Orientation- Date to be announced
Wedding ceremonies/wedding photography/portrait photography	Mandatory Park Orientation- Date to be announced
Surf lessons	Mandatory Park Orientation- Date to be announced CPR, First Aid Certificates
Bus tours or taxi services	Mandatory Park Orientation- Date to be announced Proof of PUC license
Bicycle tours	Mandatory Park Orientation- Date to be announced

**ATTACHMENT B
CUA Insurance Requirements**

Commercial General Liability (CGL) Insurance

Liability insurance is required for all CUA holders under the terms of the authorization. Such insurance should be of sufficient scope to cover all potential risks and in an amount to cover claims that can reasonably be expected in the event of serious injury or death. The minimum liability insurance is **\$500,000 per occurrence**. Liability insurance policies must name the United States of America as additional insured. The business or person that is providing the service must be the named insured (policy holder).

Automobile Liability Insurance

If a CUA holder transports passengers or uses a vehicle in the performance of the service in the park, they are required to have Automobile Liability insurance. The auto liability insurance must include coverage of "owned, leased, rented or hired" vehicles if the CUA holder rents or leases vehicles. The minimum commercial auto liability insurance for passenger transport is reflected in the following table:

Commercial Vehicle Insurance – Passenger Transport (bodily injury and property damage)	Minimum per Occurrence Liability Limits*
Up to 6 passengers	\$1,000,000
7 – 15 passengers	\$1,500,000
16 – 25 passengers	\$3,000,000
26+ passengers	\$5,000,000

* Indicated minimum per occurrence liability limit or minimum State liability requirement in State or operation, whichever is greater.

Commercial auto insurance provides:

1. Liability insurance, which includes coverage for bodily injury, property damage, uninsured motorists, and underinsured motorists;
2. Physical damage insurance, which includes collision insurance; and;
3. Other coverage, which includes medical payments, towing and labor, rental reimbursement, and auto loan coverage.

Taxis that do not provide tour services are only required to have Auto Liability insurance. The Commercial General Liability covers out of vehicle activities and taxis do not provide out of vehicle activities.

Insurance Company Minimum Standards

The NPS has established the following minimum insurance **company** requirements. All insurance companies must meet the following minimum standards. These standards apply to foreign insurance companies as well as domestic companies.

1. All insurers for all coverages must be rated no lower than A- by the most recent edition of Best's Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service.
2. All insurers for all coverages must have Best's Financial Size Category of at least VII according to the most recent edition of Best's Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service.
3. The insurance ratings must be submitted with the CUA Application. The rating companies do not issue certificates. We require the insurance broker to note this rating in the Certificate. If the rating does not appear on the certificate, the insurance broker must provide it in another document.

Proof of Insurance Submission

Applicants must submit proof of insurance with the CUA Application. The proof of insurance must:

- Be written in English with monetary amounts reflected in USD
- Reflect that insurance coverage is effective at time of CUA Application submission
- Name as insured the business or person that is providing the service
- Name the United States as additionally insured
- Reflect a General Commercial Liability Policy with the minimum coverage amount required in the CUA Application
- Reflect required additional insurances (commercial vehicle, vessel, aircraft, etc.) with the minimum coverage amount required in the CUA Application
- Include insurance provider rating or provide in separate document

A report is required for each Commercial Use Authorization (CUA) issued. These instructions correspond to the numbered questions in Form 10-660.

1. Enter the contact information for the holder and primary contact as written on the CUA.
2. Enter the service the holder is authorized to provide as it appears on the CUA.
3. Enter the number of clients who made use of the commercial services provided under this CUA. Note: If you already submit monthly reports, we only require you to add the monthly reports together.
4. Enter the average number of hours or days a customer spends in the park engaging in your service.
5. Check the box that best describes the level of importance the park plays in providing the commercial services authorized under this CUA.
6. Enter the percentage of time clients spend in the park when engaged in the commercial service authorized under this CUA.

Example: If you take clients on ten (10) mile rafting trips and eight (8) of the ten (10) miles are inside the park, then 80% of the activity takes place in the park OR If you spend four (4) hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter total gross receipts for the holder (applicant) for the most recent business year. This is the total gross receipts the company brought in, regardless of whether or not the gross receipts are a result of the service provided under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.
8. Enter the portion of gross receipts that are a result of providing the service authorized under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.

Example: If the park is the exclusive destination for clients participating in the services provided, then 100% of the holder's gross receipts are a result of visiting the park. If the services provided within the park are primary or incidental, or the visit to the park is part of a multi-destination tour, then estimate what percentage of gross receipts are directly attributable to visiting the park.

9. Provide details of any reportable injuries incurred by the holder, the employees of the holder, or clients within the park during the term of this CUA.
10. Check the box to indicate interest in applying for a CUA when this one expires.
11. Signature of business owner or authorized agent.



COMMERCIAL USE AUTHORIZATION APPLICATION

Pu‘uhonua o Hōnaunau NHP and/or Kaloko-Honokōhau
Po Box 129
Honaunau, HI, 96726
CUA Coordinator
Phone Number: (808) 328-2326 ext. 1221

For Calendar Year: 2020
DUE BY: February 1, 2021

1. CONTACT INFORMATION:

Holder Name: Contact Person (if different)

Contact Person (if different)

Business Name

Email (business)

Mailing Address Winter Summer
(Street Address)

Email (contact person)

(City, State, Zip Code)

Phone Winter Summer

Fax Winter Summer

2. SERVICES PROVIDED: (As it appears on your authorization.)

CUA ANNUAL REPORT : VISITOR USE INFORMATION for 2020

(IMPORTANT THAT ALL INFORMATION BELOW IS COMPLETELY FILLED OUT FOR FINANCIAL RECORDS IN 2020)

3. VISITORS AND/OR TRIPS IN 2020:

Enter the number of clients serviced within the park over the past year:

Enter the number of trips (if applicable) your company made to the park over the past year:

4. LENGTH OF STAY IN 2020: (If applicable)

Enter the average length of time your clients were in the park as a result of the service you provided (if applicable). For day trips, show the average number of hours that you spend in the park per trip. For overnight trips show the average number of nights that you spend in the park per trip from the first travel day to the last day exiting the park.

Average hours per trip in 2020:

(Trips that use lodging outside of the park are considered day trips.)

Average number of nights per trip in 2020:

(If provided, use table below to report total visitor use numbers.)

(See "Attachment A").

5. The park is:

the **EXCLUSIVE** destination for your clients. (This means it is the only designation being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)

a **KEY DESTINATION** or a **SIGNIFICANT LOCATION**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of being in the park.)

6. What percentage of the service you provide is a result of visiting the park in 2020?

FINANCIAL INFORMATION : This is needed to complete your 2020 Annual Report

7. Enter the total gross receipts for your operation in 2020:

8. Enter the portion of the total gross receipts earned that resulting from visiting the park in 2020:
(See Instructions)

INJURY INFORMATION

9. Did any reportable injuries occur during your trips this year? Yes No

If “Yes”, please use a separate sheet of paper to report the date of the incident and a brief statement of the incident. Include a description of the activity taking place at the time of the injury, the type of injury, and the action taken to provide patient care. Please include the sex and age of the patient (omit the patient’s name). A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

RETURNING

10. Our company plans to return next year. Our company does not plan to return.

11. **SIGNATURE: False, fictitious or fraudulent statements or representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). Authorized Agents must attach proof of authorization to sign below.**

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature	Date
Printed Name	Title

NOTICES

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Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

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Estimated Burden Statement

We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242 Rm. 2C114, Reston, VA 20192. Please do not submit your form to this address, but rather to the address at the top of the form.

ATTACHMENT A

CUA ANNUAL REPORT for 2020

Guided Tours:

Month	Number of Trips	Number of Visitors	Number of Guides ¹
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL:			

¹ The number of times the guides led trips. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.

Surf Trips

Month	Number of Trips	Number of Visitors	Number of Guides ¹
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL:			

¹ The number of times the guides led trips. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.

2021 COMMERCIAL USE AUTHORIZATION CHECKLIST

Kaloko-Honokōhau NHP and/or Pu‘uhonua o Hōnaunau NHP

U.S. DEPARTMENT OF THE INTERIOR

National Park Service

PO Box 129

Honaunau, HI 96726

PH: (808) 328-2326 Ext. 1221 FAX: (808) 328-9485

Email: kahocua@nps.gov

BUSINESS NAME: _____

_____ Completed 2021 CUA Packet with updated business/owner information

_____ COVID-19 Operating Plan

_____ Insurance Certificate (**Comprehensive General Liability**)

_____ Insurance Certificate (**Automobile Liability**) must show VIN #

_____ Annual Report for 2020 – DUE February 1, 2021

_____ Annotation on the insurance that names the U.S. Government, National Park service as additional insured

Certificate Holder Address is:

U.S. Government, National Park Service, 73-4786 Kanalani St. 14, Kailua Kona, HI 96740

Mail application packet to:

National Park Service, Commercial Services, PO Box 129

Honaunau, HI 96726