

UNIVERSITY OF CALIFORNIA

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SANTA BARBARA • SANTA CRUZ

UNIVERSITY OF CALIFORNIA, MERCED
5200 North Lake Road
MERCED, CALIFORNIA 95343
(209) 228-4400

January 2, 2016

RE: UC Merced Approved Caterers List

UC Merced would like to utilize your catering services. Please complete the Application for Caterer Permit which is attached so that we can add your business to our Approved Caterers List.

The following documents are required in order to keep your account active in the UC Merced Approved Caterers List:

- UC Merced Application for Caterer Permit
 - Current County Health Permit (Copy)
 - Current Alcoholic Beverage license (If applicable) (Copy)
- UC Merced Substitute W-9 Form
 - Current Certificate of Insurance per the requirements of Section 5 of the Application for Caterer (The certificate must name the Regents of the University of California, Merced as additional insured. Sample copy is attached for reference)

Please note that failure to provide any of the required documents will result in deactivating your vendor code in the UC Merced Procurement System and removal from the Approved Caterers List.

Please send the required documents to Jackie Mendez or Kristi Morales, UC Merced Procurement Services Dept. at 5200 North Lake Road, Merced, CA 95343 or by email to jmendez@ucmerced.edu or kmorales22@ucmerced.edu. You may also fax it to (209) 228-2925. If you have any questions, please call me at 209 228 4669.

Sincerely,

A handwritten signature in blue ink that reads "Jackie Mendez".

Jackie Mendez/Senior Buyer
University of California, Merced
Procurement Services Department



Application for Caterer Permit

The University of California, Merced (“UC Merced” or “University”) maintains a list of approved caterers eligible to receive orders to prepare and deliver food and beverages for University events. Campus departments are required to select caterers from this list in order to ensure that they are contracting with a supplier that meets UC Merced’s standard requirements.

As outlined in [UC Merced's Sustainability Practices](#), the University aims to become climate neutral (net zero impact on climate) by 2020. University-approved caterers are encouraged to employ sustainable business practices such as:

- Using environmentally preferable products, locally produced goods and organic foods
- Composting food waste, recycling, offering non-disposable eating utensils, flatware and glassware and using hybrid or bio-fueled delivery vehicles, etc.

In addition to this application, caterer must provide the University with a valid “Certificate of Insurance” and a current “County Health Permit”. Applicants are added to the “UC Merced Approved Caterers List” after the submitted documentation is found to be conforming. The University makes no guarantees or representations that any caterer will in fact be selected to provide catering services to the campus for any future event(s).

- UC Merced Application for Caterer Permit
- Current County Health Permit (**Copy**)
- Current Alcoholic Beverage License (**Copy, if applicable**)
- [UC Merced Substitute Vendor W-9 Form](#)
- Current Certificate of Insurance per the requirements of Section 5 (**The certificate must name The Regents of the University of California as an additional insured and be accompanied by the policy endorsement.**)

Expiration of Health Permit, Alcoholic Beverage License (if applicable), insurance coverage or other violation of the requirement described in the application will result in immediate removal from the UC Merced Approved Caterers List.

UC Merced works to ensure that all conduct relating to the procurement of Goods and Services on behalf of the University is in accordance with the policies and procedures set forth by The Regents of the University of California and the applicable laws of the State of California.

Individuals ordering catering services on behalf of UC Merced are required to issue a University Purchase Order. Approved Caterers should not accept or deliver orders without receiving a UC Merced Purchase Order in advance.

Business Name: _____ Business Phone: (_____) _____ - _____

Physical Address: _____ Primary Contact: _____

_____ Primary Contact Phone: (_____) _____ - _____

Website Address: _____ Primary Contact Email: _____

List the catered food and beverages available or submit a current menu with this application. ☐ Check if menu is attached.

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Section 5: Insurance Requirements

To provide catering services for campus events, Caterer is required to show evidence of adequate insurance coverage by furnishing a Certificate of Insurance indicating compliance with all requirements.

1. The certificate of insurance must name **The Regents of the University of California** as an additional insured.
2. The minimum requirements for catering services provided by non-campus food service contractors are:

General Liability

Commercial General Liability: \$1,000,000/Each occurrence

General Aggregate: \$2,000,000

Automobile Liability

Any Auto: \$1,000,000/ Combined Single Limit/Each Accident

Worker's Compensation and Employers' Liability

\$1,000,000/Statutory Limits

Additional Insured

Add **Additional Insured** provision and **attach required additional insured policy endorsement** for both General Liability and Automobile Liability.

Additional information can be found at risk.ucmerced.edu under Insurance Programs, Vendor Insurance Requirements.

Section 6: Terms and Conditions for Providing Catering Services to UC Merced

1. Caterer must obtain and maintain, at their own expense, insurance as required by UC Merced.
2. Caterer must obtain and maintain, at their own expense, any permit, license, bond, municipal or county ordinance or regulation and any State or federal law or regulation required by this agreement. For all events where food and alcoholic beverage service is provided by Caterer at UC Merced events, the Caterer is responsible for obtaining and carrying any/all required licenses and permits.
3. Caterer must maintain, at all times, certification showing members of their staff have successfully completed a State of California recognized Serve Safe Food Safety and handling training program as required by California law.
4. Caterer shall defend, indemnify and hold harmless University, its officers, agents and employees from and against any and all claims, damages, cost, expenses, including reasonable attorneys' fees, losses or liabilities arising out of or in any way connected with this permit including without limitation, claims for loss or damage and any property, or for death or injury to any person or persons.
5. Caterer must report all claims of injuries alleged to be due to the ingestion of caterer served food or beverages. Caterer must also report to UC Merced any claims made in regard to the condition of the premises occupied by Caterer on the date of the Caterer's first knowledge of any such claim.
6. Caterer must not interfere with the normal operation and activities of UC Merced. If Caterer, its agents or contractors cause any damage to any UC Merced "Property" (including, but not limited to UC Merced roads or infrastructure) in connection with its activities on University property, Caterer must repair and restore the damaged property to its original condition.

Section 7: Authorization – Caterer Certification

I certify that I am an authorized agent of the business entity submitting this application and that I have read the entire application and agree to comply with its terms. I understand that expiration of any required County Health Permit, Alcoholic Beverage License (if applicable), insurance coverage or other violation of the requirements described in this application will result in immediate removal from the UC Merced Approved Caterers List.

Title: _____

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

Section 8: For Internal Use Only

Approved: _____ Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

CERTIFICATE OF INSURANCE		DATE (MM/DD/YY)
PRODUCER [1] <i>Insurance Company's Name</i> <i>Address</i> <i>Telephone and Fax Numbers</i>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
		INSURERS AFFORDING COVERAGE [3] NAIC #
		COMPANY A
		COMPANY B
		COMPANY C
		COMPANY D
INSURED [2] <i>Contractor Company's Name</i> <i>Address</i> <i>Telephone and Fax Number</i>		

COVERAGES

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 ISSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE [4]	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		[5]		EACH OCCURRENCE	\$1,000,000	
					FIRE DAMAGE (Any one fire)	\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV. INJURY	\$	
					GENERAL AGGREGATE	\$2,000,000	
					PRODUCTS - COM/OP AGG	\$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE <input type="checkbox"/> EXCL				X	STATUTORY LIMITS	\$1,000,000
						EACH ACCIDENT	\$
						DISEASE-POLICY LIMIT	\$
						DISEASE-EACH EMPLOYEE	\$
D	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

[6] The Regents of the University of California are included as additional insured

[7] Agreement Number: [Include Number]

CERTIFICATE HOLDER [8]	CANCELLATION [9]
The Regents of the University of California C/O Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801	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 [10]

Legend

- [1] **Producer** provides information as indicated.
- [2] Provide **Insured** information (Official legal name of Insured/Contractor and/or Subcontractor).
- [3] List **Company A, B, C or D** from "Insurers Affording Coverage" into corresponding Coverage's **INSR LTR** field.
- [4] **Type of Insurance** shall be in accordance with Insurance Requirements as specified in contract documents.
- [5] **Policy** shall be in effect during the term of the contract. **Renewals** shall be mailed to Certificate Holder.
- [6] Add **Additional Insured** provision and **attach required additional insured policy endorsement**.
- [7] Add **Agreement number**, if applicable.
- [8] Make **Certificate Holder** out to the **Regents of the University of California**, **address** and **attention** of the appropriate **University representative**.
- [9] **Strike-out** language indicated
- [10] Insurance Certificate must be **signed** by **Authorized Representative**.

POLICY NUMBER:

**The Regents of the University
Of California is named
here**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

**Okay to state "the
performance of your
Ongoing operations"**

POLICY NUMBER:

**The Regents of the University
Of California is named
here**

COMMERCIAL AUTO LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

**Okay to state "the
performance of your
Ongoing operations"**