



## SAMPLING AUTHORIZATION REQUEST FORM

### Policy for Food and Beverage Distribution

*Levy Convention Centers has exclusive food and beverage distribution rights within the Santa Clara Convention Center. Exposition organizations and/or their exhibitors ("Exhibiting Firm(s)") may distribute sample food and/or beverage products and food / beverage giveaways ("Sample Products") only with the written approval of Levy Convention Centers. All food and beverage that is not a part of sampling must be contracted through Levy Convention Centers. The Selling of Food and/or Beverage products by any other entity is strictly prohibited.*

#### General Information for Shows

1. Items dispensed are limited to products **manufactured, processed or distributed** by exhibiting companies. If they are not *manufactured, processed or distributed* by the company then you are not able to provide samples of food and beverage unless they are purchased through Levy Convention Centers. If you are looking to have food or beverage items used as a traffic promoter to your booth (i.e. coffee, soft drinks, bottled water, popcorn, etc.) please contact your catering manager and we will be happy to help you arrange these catering services.
2. Exhibiting Firms who wish to dispense alcoholic beverage Sample Products must ship product through Levy. **Appropriate corkage fees will apply.** A Levy TIPS-certified bartender must dispense alcoholic beverage samples at applicable bartender fee rate.
3. If you do **manufacture, process, or distribute** the items they are to be a **SAMPLE SIZE** and must be dispensed and distributed in accordance to Local and State Health Codes:
  - Non-Alcoholic Beverages are limited to maximum four (4) ounce containers and two (2) fluid ounces of product
  - Food items are limited to "bite size", not to exceed 1 cubic inch portions.
  - Vendors MUST submit proof of having \$1,000,000.00 liability insurance naming Levy, the City of Santa Clara and the Santa Clara Convention Center as additional insured.
  - Exhibiting Firm must complete and submit the application for a Temporary Food Facility Permit to the Show Organizer along with the application fee prior to the first day of the event and are responsible for State and Local laws. Please visit the link below for further details:  
<https://www.sccgov.org/sites/cpd/programs/TE/Pages/home.aspx>
4. Vendors are responsible for all booth rental fees, electrical, plumbing, drayage and all other Santa Clara Convention Center services.
5. If you require product storage, delivery, or kitchen use charges may be assessed. Please contact your catering manager for further details
6. Any Food and/or Beverage products brought from the outside are not the responsibility of Levy Convention Centers.

#### EXCEPTIONS:

Items that exceed one cubic inch in volume will be assessed a fee. The fee will be determined by Levy and based on item size and content. Beverages that exceed the 2oz maximum will be assessed with a Waiver Fee.

The company requesting sampling acknowledges they have sole responsibility for the use, servicing or other disposition of such items in compliance with all applicable laws. Accordingly, the firm agrees to indemnify and forever hold harmless Levy, the City of Santa Clara and the Santa Clara Convention Center from all liabilities, damages, losses, costs or expenses resulting directly or indirectly from their use, serving or other disposition of such items.

#### **IMPORTANT:**

- Certificate of Insurance and completed Sampling Authorization Form must be sent back to your Show Manager fourteen (14) business days prior to start of the show. Exhibitors not in compliance will be asked to remove item(s) from the facility immediately.



**Company Requesting Sampling Permission Information**

Show Name

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Date of Show Sampling Dates

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Company Name and Booth Number and Hall Name

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Contact Name

Telephone

Address

City

Zip

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Email

**Items**

Item and Reason of distribution, please include quantity, portion Size and method of dispensing items

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Approved by:

Date:

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b>  Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number	<b>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.</b>												
<b>INSURED</b> Company Name: Address: Email Address:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left">INSURERS AFFORDING COVERAGE</th> <th align="left">NAIC #</th> </tr> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**  
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE PERTAINS, THE INSURANCE 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.

**Must not be expired**

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																																	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT A _____ <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT	POLICY #	BEGIN EFFECTIVE DATE	END EFFECTIVE DATE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>EACH OCCURENCE</b></td><td align="right"><b>\$1,000,000</b></td><td align="right"><b>#1</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td></td><td></td></tr> <tr><td>MED EXP (Any one person)</td><td></td><td></td></tr> <tr><td><b>PERSONAL &amp; ADV INJURY</b></td><td align="right"><b>\$1,000,000</b></td><td align="right"><b>#2</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td></td><td></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td><b>COMBINED SINGLE LIMIT (Each Occurrence)</b></td><td align="right"><b>\$1,000,000</b></td><td align="right"><b>#3</b></td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td><td></td></tr> </table>	<b>EACH OCCURENCE</b>	<b>\$1,000,000</b>	<b>#1</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)			MED EXP (Any one person)			<b>PERSONAL &amp; ADV INJURY</b>	<b>\$1,000,000</b>	<b>#2</b>	GENERAL AGGREGATE			PRODUCTS - COMP/OP AGG						<b>COMBINED SINGLE LIMIT (Each Occurrence)</b>	<b>\$1,000,000</b>	<b>#3</b>	BODILY INJURY (Per person)			BODILY INJURY (Per accident)			PROPERTY DAMAGE (Per accident)		
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**Boxes must be checked**

**#1, #2, #3 must be at least \$1 mil each**  
**#1 + #4 must = \$5 mil combined**  
**#2 + #4 must = \$5 mil combined**

**Not required**

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

**Required Language:**

LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS ARE NAMED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY.

<b>CERTIFICATE HOLDER</b>  LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP 5001 GREAT AMERICA PARKWAY, SANTA CLARA, CA 95054  FAX: (408) 748-7047	<b>CANCELLATION</b>  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
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