



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Dear Food & Beverage Partner:

Welcome to the College of Medicine's 10th Anniversary Celebration at the UCF Health Sciences Campus at Lake Nona on November 5, 2016! We are excited to have you as a partner as we celebrate the founding of our medical college. Our guests will enjoy a progressive dinner through our state-of-the-art medical education facility. Each floor of the four-story building will come alive with different courses at various food and drink stations throughout the concourse. We will also feature live entertainment and interactive demonstrations by faculty in selected areas of the building.

Attached, please find the Food & Beverage Partner Agreement for your review and signature. Please return the signed form by 5 p.m. on September 30, 2016. This will ensure that your company's name is included in all promotional and marketing materials for the Celebration. It is our intent to provide the most delightful experience for our guests and food and beverage partners.

Your support of this milestone event means that we will be able to provide a unique dining experience for many of Central Florida's community leaders, philanthropists and corporate executives. Proceeds will benefit the UCF College of Medicine Excellence fund and will help us achieve our vision of becoming a national leader in medical education, research and patient care. As an expression of our appreciation for your generous contribution, we will be pleased to provide you with two complimentary tickets to the 10th Anniversary Celebration.

We look forward to your participation in the College of Medicine 10th Anniversary Celebration event. It will be a memorable evening that will forward our mission and provide lasting memories for everyone in attendance. Should you have any questions or concerns, please feel free to contact Shannon O'Donoghue at shannon.odonoghue@ucf.edu or 407.823.6313.

Sincerely,

A handwritten signature in blue ink that reads "L Scholler".

Lorraine Scholler
Assistant Director of Development
College of Medicine
UCF Foundation/University Advancement

A handwritten signature in blue ink that reads "Shannon O'Donoghue".

Shannon O'Donoghue
Associate Director
Office of Constituent Relations
University of Central Florida



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

UCF College of Medicine 10th Anniversary Celebration – Food & Beverage Partner Agreement Form

Health Sciences Campus at Lake Nona

November 5, 2016

6:30 p.m. – 9:30 p.m.

1. Expected event attendance: ~1,000 (continuous flow)
2. The UCF College of Medicine will provide each Food & Beverage Partner:
 - A) An 8'x8' area for booth/display
 - Partner must stay within this area to allow proper traffic flow through the building
 - B) Two 6-foot tables 30" deep; one for presentation and one for service
 - C) Linens/Skirting for the two 6-foot tables
 - D) Electrical outlets, as available, and provided in request-date order
 - 120v 20 amp service is provided
 - E) Recognition in promotional materials including on-site signage and program recognition
 - F) Ice
3. Each Food & Beverage Partner will provide:
 - A) Staff for booth/display area (limited to four per station)
 - B) All chafers, service and culinary items
 - C) Refrigeration/Heating unit as appropriate
 - D) Napkins, plates, cups and/or silverware necessary for serving your signature dish to guests
 - E) Any additional specialty items needed for your menu (i.e. soup bowls, larger plates, etc.)
 - F) Table signage, decorations and promotional materials if desired (linens, napkins, etc.)
 - All items must be fire retardant
 - G) Copy of Certificate of Liability Insurance and Additional Insured Endorsement
 - **University of Central Florida Board of Trustees** must be listed on the Certificate of Insurance as additional insured and named on the Additional Insured Endorsement. The Certificate Holder box should read:

University of Central Florida Board of Trustees
Attn: Insurance Coordinator
4000 Central Florida Boulevard
Orlando, FL 32816
 - Policy must be effective for the duration of the event
 - Partner must carry the following insurance policies, provided by a company licensed to do business in the State of Florida:
 - General Liability with a minimum of \$1 million per occurrence and aggregate
 - Auto Liability with a minimum of \$1 million per Accident
 - Workers Compensation and Employer's Liability in accordance with F.S. Ch. 440, with a minimum Employer's Liability limit of \$100,000 per accident, \$100,000 per person and \$100,000 policy aggregate
 - H) Copies of current licensing:
 - State of Florida Business License
 - County Business License (Seminole, Orange, Lake, etc.)
 - County Health Department Certificate

- I) Copies of alcohol licensing & training (*only applicable if serving an alcoholic beverage*):
 - o Florida State Liquor License
 - o TIPS Training Certificate
 - J) Florida Health Department Temporary Event Permit form (*UCF to collect and will submit for each partner. There is no fee associated with this permit form. UCF can complete it for you upon request*)
4. Event Set-up and Food Prep:
- A) Sterno for heating and warmer or electric burner for cooking is permitted inside
 - NO butane or propane tanks, hot grease fryers, cookers or candles are permitted
 - B) All load-in and load-out must be through the designated areas only – a map will be sent a few weeks prior to the event with that information
 - C) All service trucks and staff vehicles must park in the Burnett School of Biomedical Sciences parking lot
 - D) Partners must provide extension cord(s) if requesting electrical outlet access
 - Black extension cords are preferred
 - Tape must be used to secure all extension cords
 - Cords should be placed in areas cordon off from event attendees, when possible
 - Must be commercial rated and have UL approved symbol (tag or imprint)
 - E) Set-up from 1:00 p.m. to 5:00 p.m.
 - Complete set-up and be ready to serve at 6:00 p.m.
 - Doors open at 6:30 p.m.
 - Set up times will be scheduled for each partner a few weeks prior to the event
 - F) Strike from 9:45 p.m. to 11:00 p.m.
 - Partners must clean up staging and service areas
 - All trash is to be disposed of outside in dumpsters
 - Building will lock at 11:00 p.m.
 - G) Each Partner must provide staff for booth/display area
 - Staff is limited to four per station

Indemnification. Company shall indemnify and hold harmless the University of Central Florida from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney’s fees for trial and on appeal, of any kind or nature arising out of or in any way connected with this Agreement or Company’s use of the space(s), provision of food, beverages and goods, or conduct of business by Company, its agents, servants, employees, or any act or omission of Company, its agents, servants or employees. Company assumes any and all risks of personal injury and property damage attributable to the negligent acts or omissions of Company and its officers, employees, servants, and agents while acting within the scope of their employment/agency with Company.

Insurance. The Company shall provide a Certificate of Insurance at the time of the execution of this Agreement evidencing Commercial General Liability insurance coverage in force with minimum limits of \$1 million per Occurrence and \$1 million Aggregate naming the University of Central Florida Board of Trustees as “Additional Insured.” Additionally, the Vendor shall supply, with the Certificate of Insurance, the Additional Insured Endorsement naming the University of Central Florida Board of Trustees.

The University has the right to deviate from any of the above insurance requirements, if the University, at the University's sole discretion decides to do so. If the University decides to deviate

from the above noted insurance requirements, the University will inform the Company in writing in those particular circumstances.

Unless the University notifies the Company in writing that the University is willing to deviate from the insurance requirements noted above, all of the above insurance requirements shall apply to the Company.

Governing Law. The governing law for this Agreement is the State of Florida. Venue shall reside in Orange County, Florida.

Table Display. Plans for table display, including floral arrangements, table centerpieces, signs and banners are subject to approval by the UCF COM. Votives or candles are not permitted. All display items and tables must meet all safety codes.

Damages. Any damage to the UCF COM property is to be reported immediately to the UCF COM event director.

THE SIGNED MEMBER AGREES TO PROVIDE SERVICES AS OUTLINED ON PAGE ONE OF THE FOOD & BEVERAGE PARTNER AGREEMENT.

Applicant Signature

Date

Applicant Title

Agreement Form Deadline: 5 p.m. Friday, September 30, 2016

Return completed and signed Agreement to:

Shannon O'Donoghue

Associate Director

Office of Constituent Relations

University of Central Florida

shannon.odonoghue@ucf.edu

P 407.823.6313 F 407.823.6610

Note: Submit page 4 of this packet, the Partner Donation Form, by Friday, September 30, 2016



UNIVERSITY OF CENTRAL FLORIDA

College of Medicine

UCF College of Medicine 10th Anniversary Celebration – November 5, 2016
Food & Beverage Partner Donation Form

Complete and submit to shannon.odonoghue@ucf.edu by Friday, September 30, 2016

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

Office Phone: _____ Cell: _____

Email: _____ Fax: _____

Samples to be offered (*please note whether served hot, cold or at room temperature*):

1) _____ Hot Cold Room Temperature

2) _____ Hot Cold Room Temperature

3) _____ Hot Cold Room Temperature

Where is the food that will be served being prepared?: _____

Please list appliances and equipment that will be used to prepare food or beverage on site along with the amps and voltage requirements for each:

1) _____ AMPS _____ VOLTAGE _____

2) _____ AMPS _____ VOLTAGE _____

3) _____ AMPS _____ VOLTAGE _____

4) _____ AMPS _____ VOLTAGE _____

Do you require power outlet? (*120v 20 amp service is provided in request-date order*)

Yes No

NOTE: A LIMITED # OF OUTLETS ARE AVAILABLE AND WILL BE ASSIGNED ON A FIRST-COME FIRST-SERVED BASIS IN DATE-ORDER OF REQUEST. YOU MUST BRING YOUR OWN EXTENSION CORDS (BLACK PREFERRED) AND TAPE TO SECURE CORDS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/20**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agency, Inc. 1234 No Name Street Anywhere, FL 01234-5678	CONTACT NAME: John Doe	PHONE (A/C. No. Ext): (555) 789-0123	FAX (A/C. No.): (555) 012-3451
	E-MAIL ADDRESS: JohnDoe@InsuranceAgencyInc.com		
INSURED Company A 567 Unknown Circle Your City, GA 56789-1234	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ABC Insurance Company		#####
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS	
THIS IS TO CERTIFY THAT 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ABC1234569241-02	1/1/20**	1/1/20** (Valid Dates)	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

UCF Board of Trustees included as Additional Insured with respects to General Liability. (or similar statement)

Note: If this is an ongoing service or a vendor that will come out multiple times, they can leave off event dates and the certificate will be good as long as it is current.

CERTIFICATE HOLDER University of Central Florida Board of Trustees Attn: Insurance Coordinator PO Box 163500 Orlando, FL 32816-3500	CANCELLATION 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 <i>Signature</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p>University of Central Florida Board of Trustees</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.