Catering Insurance Requirements
University Auxiliary and Research Services Corporation (UARSC)

To provide food service and/or catering to any location at the California State University San Marcos (University) campus, or at an off campus event sponsored by the University, caterers must meet the minimum requirements listed below and provide the following:

A. The University Auxiliary and Research Services Corporation (UARSC - on behalf of the University) requires a certificate of insurance from all Contractors/Vendors. An underwriter’s endorsement is also required with additional insured verbiage and the A.M. Best’s rating, as stated in items 1 & 2, on Public Liability and Vehicle Liability Insurance. The insurer will not cancel insured’s coverage without thirty (30) days prior written notice to UARSC.

B. An amendatory endorsement to the General Liability Policy (see attached example). The endorsement to the policy of insurance will include additional insured verbiage as follows:

   a. “The State of California, The California State University San Marcos, the University Auxiliary and Research Services Corporation, and each of their trustees, employees, officers, agents, related entities and duly authorized volunteers individually and collectively are named additional insured.”

C. The insurance must be placed with insurers with a current A.M. Best’s rating of no less than A: VII and be listed on the endorsement. Ratings of less than A: VII must be agreed to in writing by UARSC (designated organization with oversight for food services).

D. Agree to Indemnify and Hold Harmless UARSC and the University and its related entities.

E. For Caterers Only:
   a. Receive and welcome a visit from our Food Service Manager (or designee) and allow for full inspection of your catering operation and kitchen.
   b. Provide evidence of licensures, health and safety certifications and other additional requirements:
      i. Evidence of licensure to operate a catering business in the County of San Diego.
      ii. Evidence of a seller’s permit.
      iii. Evidence of a health permit.
      iv. Evidence of any food protection certifications, such as “Serve Safe Food Protection Manager Certification.”

Please provide evidence of the following:

1. General Liability and Property Damage Insurance:
   Contractor/Vendor shall procure and maintain during the term of this Agreement public liability insurance in an amount not less than $1,000,000 per occurrence, $2,000,000 aggregate, and include bodily injury, personal injury and property damage. Evidence must include an underwriter’s endorsement (see attached example).

2. Vehicle Liability Insurance:
   Contractor/Vendor shall also procure and shall maintain during the term of this Agreement vehicle liability insurance in an amount not less than $1,000,000 per occurrence for injuries, including accidental death, to any one person, and subject to the same minimum for each person, in an amount not less than $1,000,000 for each accident and property damage insurance in an amount of not less than $1,000,000.

3. Workers’ Compensation and Employer’s Liability Insurance:

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Contractor/vendor shall secure payment of Workers’ Compensation to contractor’s/vendor’s employees in accordance with Labor Code Section 3700 et seq., as well as no less than $1,000,000 of Employer’s Liability Insurance, per occurrence.

4. Liquor Liability (Caterers involved in alcohol service only):
   Contractor/Vendor shall procure and maintain no less than $1,000,000 of Liquor Liability coverage, per occurrence, if providing alcohol-related services to UARSC or University.

5. Signed Indemnity and Hold Harmless Agreement (see attached).

6. Caterers Only:
   a. Evidence of licensure to operate a catering business in San Diego County.
   b. Evidence of a seller’s permit.
   c. Evidence of a health permit.
   d. Evidence of any food protection certifications, such as “Serve Safe Food Protection Manager Certification.”

Please remit certificates, endorsements, and evidence that you meet all of the above requirements to:

UARSC Risk Management
435 East Carmel Street
San Marcos, CA 92078
Phone: 760-750-4700, Fax: 760-750-4710
INSURED:

POLICY NUMBER: XXXXXXX 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:

The State of California, The California State University, the California State University San Marcos, the University Auxiliary and Research Services Corporation, and each of their trustees, employees, officers, agents, and duly authorized volunteers individually and collectively are named additional insured.

(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.

________________________________________
Signature
Authorized Representative
INDEMNIFICATION AND HOLD HARMLESS FROM LIABILITY AGREEMENT

Name of Company: ________________________________________

Services Provided: ________________________________________

Service Location: All locations on the campus of California State University San Marcos; including Temecula location, UARSC office and the President’s residence.

I, on behalf of _________________________________________, affirm that we will hold harmless, indemnify, and defend the University Auxiliary and Research Services Corporation, the State of California, the Trustees of the California State University, the California State University San Marcos, and the officers, employees, related entities, duly authorized volunteers, and agents of each of them (University) from and against any and all liability, loss, damage, expense, costs of every nature, and causes of action, except for the sole negligence or willful misconduct of University, arising out of or in connection with our use of the property referenced above in the provision of services.

The undersigned affirms s/he is authorized to bind the above organization/ individual.

_________________________________________  __________________________
Signature                                      Date

_________________________________________  __________________________
Print Name                                    Print Title

_________________________________________  __________________________
Business Address                              Phone Number

Please return to: UARSC Risk Management
                 435 E. Carmel Street
                 San Marcos, CA  92078
                 Office:  760-750-4700
                 Fax:  760-750-4710