

# SAMPLING & SELLING POLICY FOR FOOD & NON-ALCOHOLIC BEVERAGES

Levy retains the exclusive right to provide all food and beverage services throughout the Huntington Convention Center.

Prior to booking booth space, exhibitors must request to sample/sell food & NA beverage and receive permission only upon written authorization from Levy. Exhibitors must submit the completed appropriate forms with Certificate of Insurance to the Levy Catering Department seven (7) business days prior to the start of the show.

\*\*\* Food/Beverage prepared in a private home that is not a facility licensed by the Health Department or Department of Agriculture may not be used or sold at the Huntington Convention Center of Cleveland. \*\*\*

## SAMPLING REQUIREMENTS

- Food sampling will be permitted by those exhibitors whose products/business they represent are being sampled.
- Food sampling will be bite sized portions (no larger than 1 oz). Any Exhibitor distributing samples that do not meet Levy Restaurants sampling policy may be asked to discontinue sampling from their booth.
- All non-alcoholic beverage samples must be in 1 to 3 oz. containers (see - Alcohol Authorization Form for sampling of alcoholic beverages).
- The selling of products is only allowed for off-premise consumption. Products must be factory sealed to discourage on premise consumption.
- It is the responsibility of the exhibitor to acquire all necessary permits and licenses if required for such sampling from the Cuyahoga County Health Department.
- A copy of the exhibitor's certificate of insurance with the following insurance coverages are required and must be submitted with this form:
  - **General Liability:** Each occurrence limit of \$1,000,000. This coverage must name the Additional Insured entities as an Additional Insured, must be primary and non-contributory, and must waive subrogation against the Additional Insured entities.
  - **Automobile Liability:** \$1,000,000 combined single limit. This coverage must name the Additional Insured entities as an Additional Insured, must be primary and non-contributory, and must waive subrogation against the Additional Insured entities.
  - **Workers Compensation and Employer's Liability:** \$500,000 for each category, and must waive subrogation against the Additional insured entities.
  - **Additional Insured Entities:** Levy, Levy Premium Foodservice Limited Partnership, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Legends Global, Huntington Convention Center of Cleveland including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents. Additional Insured entities are held harmless against any claim incurred by Exhibitor.

If any of the above are not complied, Levy reserves the right to revoke approval on-site.

\*Requirements for food and beverage dispensing are subject to change based upon state requirements\*

# AUTHORIZATION REQUEST FORM

## FOOD & NON-ALCOHOLIC BEVERAGES

Levy retains the exclusive right to provide all food and beverage services throughout the Huntington Convention Center of Cleveland. This exclusive agreement prohibits exhibitors or other event participants from importing ANY food and beverage into the Huntington Convention Center of Cleveland without written approval of Levy. Complete and return this form to receive authorization to sample or sell product prior to booking your booth space.

**This policy is strictly enforced. Violations will result in products being removed from show floor.**

Name of Show/Event: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_

Booth Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Product you wish to sample (if applicable): \_\_\_\_\_

Product you wish to sell (if applicable): \_\_\_\_\_

Size of the item: \_\_\_\_\_

Anticipated Quantity: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

(Your signature identifies that you have read and understand the terms and conditions of this policy)

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Levy Sales Manager

Please return this form to the Levy Catering Department seven (7) business days prior to the start of the show along with the Certificate of Insurance & payment.

# BUYOUT FOR SELLING & CHECKLIST

A Buyout is required by any entity selling or serving food and beverage items at the Huntington Convention Center of Cleveland.

Buyout fees are charged at \$500.00 per day per Exhibitor,

*\*At our discretion to allow on the show floor, especially if it's direct competition to our retail food options.*

Company Name: \_\_\_\_\_

Name of Show/Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

Please check the appropriate box:

Non-Alcoholic Beverages  Show Floor Vendor  Alcohol Vendor  Food Cart/Truck

## METHOD OF PAYMENT:

All Payments will need to be made via credit card through a secure link sent from the Huntington Convention Center of Cleveland.

All payments must be received no later than 7 business days prior to the start of the show. **Any vendor with outstanding payment will be asked to cease selling product.**

# CHECKLIST

Completed Huntington Convention Center of Cleveland Authorization Request

Certificate of Insurance - with correct language (see example page 4)

Final Payment made through HCC Secure Credit Card Link

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Your signature identifies that you have read and understand the payment terms and conditions of this policy)



<b>CERTIFICATE OF INSURANCE</b>	ISSUE DATE
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PRODUCER	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.
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<b>COMPANIES AFFORDING COVERAGE</b>		
COMPANY LETTER	<b>A</b>	Carrier with at least B+ Best rating & VI Financial Size

INSURED <b>Vendor/ Supplier or Sub Contractor</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY LETTER</td> <td style="width:10%;"><b>B</b></td> <td style="width:75%;"></td> </tr> <tr> <td>COMPANY LETTER</td> <td><b>C</b></td> <td></td> </tr> <tr> <td>COMPANY LETTER</td> <td><b>D</b></td> <td></td> </tr> <tr> <td>COMPANY LETTER</td> <td><b>E</b></td> <td></td> </tr> </table>	COMPANY LETTER	<b>B</b>		COMPANY LETTER	<b>C</b>		COMPANY LETTER	<b>D</b>		COMPANY LETTER	<b>E</b>	
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COMPANY LETTER	<b>C</b>												
COMPANY LETTER	<b>D</b>												
COMPANY LETTER	<b>E</b>												

Listed INSURED includes the exact name of your Company for whom the Certificate is issued.

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$ 1000000
					EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MEDEXPENSE(Any one person)	\$ 5000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
	OTHER					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$ 500000
					DISEASE-POLICY LIMIT	\$ 500000
					DISEASE EACH EMPLOYEE	\$ 500000

Coverage Limits must be no less than what is stated.

Policy dates ("Effective" and "Expiration") need to be current and cover the period work will be performed.

Policy numbers are listed for each Line of Business

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
**Levy, Levy Premium Foodservice Limited Partnership, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Legends Global, Huntington Convention Center of Cleveland including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents. Additional Insured entities are held harmless against any claim incurred by Exhibitor.**

<b>CERTIFICATE HOLDER</b>  Levy Restaurants 1 St Clair Ave NE Cleveland, Ohio 44114	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	<b>AUTHORIZED REPRESENTATIVE</b>