

SAVOR...Fort Lauderdale

at Broward County Convention Center

SAMPLE FOOD & BEVERAGE DISTRIBUTION AUTHORIZATION REQUEST

Savor SMG/ASM Global is pleased to be able to work with all requests, but unfortunately, no outside food or beverage is allowed within the Broward County Convention Center. Savor SMG/ASM Global is the exclusive provider of all food and beverage for the Broward County Convention Center and our liability insurance only allows for original manufacturer/producers to distribute food items (including bottled water). Your Catering Event Manager is happy to work with you to assist with any special requests. If you are the manufacturing/producing company and wish to sample your product, please fill out the following form. In addition you will need to supply your Certificate of Insurance naming the Convention Center, SMG/ASM Global and Broward County as Additionally Insured. Please wait for approval from the Catering Department. Please send to catering@ftlauderdalecc.com

REGULATIONS:

1. Items dispensed are limited to product manufacturer/producer/distributor of exhibiting firm.
2. All items are limited to sample size
 - A. Non-Alcoholic Beverages limited to maximum 4 oz. Container with 3 oz of product.
 - B. Alcoholic Beverage items limited to 2 oz serving of Beer & .5 oz serving of liquor/spirits. A SAVOR Bartender is required.
 - C. Food items limited to "bite size".
 - D. Food and/or beverage items used as traffic promoters (i.e. cookies, popcorn, coffee, bottled water, bar service, alcoholic beverages etc.) MUST be purchased from Catering Department.

Name of Event: _____

Company Name: _____

Contact: _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Booth #: _____

1. Products you wish to sample:

2. How do you plan on sampling this product (i.e. trays, 4oz cups):

3. Please explain purpose of offering these samples:

Approved By: _____

(SAVOR Food & Beverage Director)

_____ (Date)



FIRE CODE & SAFETY REQUIREMENTS

All cooking exhibits shall comply with the following:

- One 20 BC fire extinguisher with current tag for each cooking device.
- Deep fryers must have lids and single well. FRYER requires a class “K” extinguisher
- Equipment shall be fueled by low heat source.
- Cooking surface shall be limited to 288 square inches.
- Cooking equipment is required 4 (four) feet from public or have physical barrier.
- Equipment must be on a non-combustible surface.
- Cooking equipment is required 2 (two) feet apart.
- Flamed proof treated materials are required:
Curtains, drapes, table cloths, etc.
- Butane canisters cannot exceed 16oz.
- **NO propane cooking tanks allowed inside the convention center.**
- Convention center’s carpet surface must be protected if there are any food preparation and/or cooking demonstration.

City of Fort Lauderdale Fire Department
The Greater Fort Lauderdale/Broward County Convention Center

Signature required to confirm the above fire code and regulations have been reviewed:

_____ (Food Vendor Representative if Cooking On-Site is Applicable)

_____ (Date)

REQUIREMENTS FOR CERTIFICATE OF INSURANCE

1. Originals only - **NO photocopies.**
2. Name of insured on certificate must be **identical** to name on the License Agreement.
3. **Description of Operations**
Must disclose:
 - Additional Insured Include:** SMG, Greater Ft. Lauderdale/Broward County Convention Center, Broward County Board of County Commissioners, Broward County, Florida, Their Officers, Directors, Agents and Employees
Event name, Dates (Move-in, Show, & Move-out)
4. **Certificate Holder -**
SMG
Broward County Convention Center
1950 Eisenhower Boulevard
Fort Lauderdale, Florida 33316
5. **Cancellation -** must be for 30 days.
Contractor shall furnish insurance against any and all loss or claims arising out of the operations of its agents, employees, sub-contractors or invitees for the protection of SMG, their officers, directors, employees and agents. Said insurance shall be maintained with firms duly authorized to do business in the State of Florida and holding a rating of A or better in the current *Best's Manuals*.
 - A. **Worker's Compensation**
Florida Statutory Limits
 - B. **Employers' Liability**
\$100,000 Each Accident
\$100,000 Each Employee
\$500,000 Aggregate
 - C. **Comprehensive General Liability**
\$1,000,000 Bodily Injury and Property Damage Combined Single Limit. Coverage shall include Premises and Operations, Contractual, Personal Injury, Independent Contractors and Broad Form Property Damage including Completed Operations.
 - D. **Automobile Liability**

Bodily Injury \$500,000 Per Person	Property Damage \$250,000 Per Accident \$1,000,000 Combined Single Limit
--	---

SECTION VIII

CERTIFICATE OF INSURANCE INFORMATION

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE: 6/4/99

<p>PRODUCER</p> <p style="text-align: center;">XYZ BROKERAGE INC. 123 PINE TREE DRIVE FT. LAUDERDALE, FL 33316</p>	<p>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.</p> <p>COMPANIES AFFORDING COVERAGE</p>			
<p>INSURED</p> <p style="text-align: center;">TENANT'S NAME MAILING ADDRESS</p>	<p>COMPANY A _____ INSURANCE COMPANY _____</p> <p>COMPANY B _____</p> <p>COMPANY C _____</p> <p>COMPANY D _____</p>			
<p>COVERAGES 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.</p>				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXTERMINATION DATE	LIMITS
<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT</p>	XXXXXXXXXX	MM/DD/YY	MM/DD/YY	<p>GENERAL AGGREGATE 1,000,000</p> <p>PRODUCTS COMP/OP AGG 1,000,000</p> <p>PERSONAL & ADV INJURY 1,000,000</p> <p>EACH OCCURRENCE 1,000,000</p> <p>FIRE DAMEAGE (1 FIRE) 50,000</p> <p>MED EXP (1 PERSON) 5,000</p>
<p>AUTOMOBILE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>	XXXXXXXXXX			<p>COMBINED SINGLE LIMIT 1,000,000</p> <p>BODILY INJURY (Per person)</p> <p>BODILY INJURY (Per accident)</p> <p>PROPERTY DAMAGE</p>
<p>GARAGE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY (EA ACCIDENT) \$ _____</p> <p>OTHER THAN AUTO ONLY \$ _____</p> <p>EACH ACCIDENT \$ _____</p> <p>AGGREGATE \$ _____</p>
<p>EXCESS LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>EACH OCCURRENCE \$ _____</p> <p>AGGREGATE \$ _____</p>
<p>WORKER'S COMPENSATION AND EMPLOYER'S ALIABILITY</p> <p>THE PROPRIETOR _____</p> <p>PARTNER/EXECUTIVE _____ INCL</p> <p>OFFICERS _____ EXCL</p>	XXXXXXXXXX			<p>WC STATUTORY LIMITS</p> <p>EL EACH ACCIDENT 100,000</p> <p>EL DISEASE—POLICY LIMIT 500,000</p> <p>EL DISEASE-EACH EMPLOYEE 100,000</p>
<p>OTHER</p>				
<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</p> <p>Additional Insured Include: SMG, Greater Ft. Lauderdale/Broward County Convention Center, Broward County Board of County Commissioners, Broward County, Florida, Their Officers, Directors, Agents and Employees; Event name, Dates (Move-in, Show, & Move-out)</p>				
<p>CERTIFICATE HOLDER</p> <p>SMG BROWARD COUNTY CONVENTION CENTER 1950 EISENHOWER BLVD FT. LAUDERDALE, FL 33316</p>	<p>CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF 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</p> <hr/> <p>AUTHORIZED REPRESENTATIVE OR AON RISK SERVICES, INC. OF ILLINOIS</p>			