

Catering Application Contracts & Procurement Services

Finance - One Washington Square - San José, CA 95192-0008

Main: 408-924-1558

STEP ONE: Please complete the following information:								
Company Name:								
Name of Company Representative/Catering Contact:								
Phone Number:								
Email Address:								
Remit-to Address:								
STEP TWO: Please attach the following <u>required</u> documents:								
□ Copy of your current County Health Department License/Permit (See Attachment A for sample)								
□ Certificate(s) of Liability Insurance:								
 Certificate(s) <u>must</u> include coverage as described in Attachment B (See Attachment C for sample) Certificate(s) <u>must</u> name San José State University as its appropriate affiliations as additional insured with an endorsement from your insurance company (See Attachment D for sample) 								
STEP THREE: Please answer the following questions:								
 Is your company willing to accept SJSU Procurement Cards (Visa credit cards with US Bank) as payment for catering services? YES NO Is your company willing to accept SJSU Purchase Orders that will result as payment via ACH or check-by-mail for catering services? YES NO 								
If "Yes" is selected for Question 2, then a representative from SJSU Contracts & Procurement Services will send you an invitation to onboard as an official supplier for SJSU via								

STEP FOUR: Please email this application and all required documentation to:

PaymentWorks.

EMAIL: catering@sjsu.edu
SJSU Contracts & Procurement Services
One Washington Square, San José, CA 95192-0047
Phone: 408-924-1558

Catering Application 6/3/22





ENVIRONMENTAL HEALTH PERMIT

PERMIT HOLDER IS RESPONSIBLE FOR THIS

PERMIT: Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the address below on or before the expiration date. Late payments are assessed penalty.

PERMIT IS NOT TRANSFERABLE & MAY BE REVOKED FOR CAUSE. Permit is void on change of owner. New owner must apply and pay for permit (s) <u>prior</u> to operation or penalties will be assessed.

	ARA COUNTY-DEPARTMENT OF ENVIRONMENT 55 BERGER DR, SUITE 300, SAN JOSE, CA 9511 408-918-3400	
	ENVIRONMENTAL HEALTH PERMIT	
REGULATED FACILITY:		Facility ID: Account ID: Issued:
OWNER NAME :		
Permit #		

Main: 408-924-1558



Insurance Coverages for Catering Services Contracts & Procurement Services

Finance – One Washington Square – San José, CA 95192-0008

Insurance Coverages for Catering Services

The intent of this communication is to inform you of the standard insurance coverages and limits for doing business with San José State University.

The Certification Holder field at the bottom of the page must be completed indicating that **San José State University** has been added as an additionally insured.

The field indicated as the "Description of Operation/Locations/Vehicles" should state:

"The State of California, their employees, officers and agents, Trustees of the California State University, their employees, officers and agents; San José State University, their employees, officers and agents; the Student Union of San José State University, Inc.; and Spartan Shops, Inc. are added as additionally insured."

Minimum insurance coverages are designated below.

General Liability:

A minimum coverage of \$1,000,000 per occurrence and \$2,000,000 aggregate is required.

Automobile Liability:

A minimum coverage of \$1,000,000 per occurrence is required*

*Required for Caterers that intend to <u>deliver to the campus</u>; this requirement is waived for orders that will be picked up by a university representative.

Worker's Compensation:

A minimum coverage of \$1,000,000 per accident for bodily injury or disease, as <u>required</u> by the State of California.

Endorsement:

An endorsement changes the insurance policy to add all parties as listed within the "Description of Operation/Locations/Vehicles" field of the Certificate, and is a separate page from the insurance certificate.

These insurance requirements must be met prior to commencement of work on campus or acceptance of work, service request, or purchase order from any campus entity.





CERTIFICATE OF LIABILITY INSURANCE

TROXELLR

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to							require an endorsement	. A st	atement on		
PRODUCER					CONTACT NAME:							
FRODUCE				PHONE FAX								
					(A/C, No, Ext): (A/C, No):							
					ADDRE							
					INSURER(S) AFFORDING COVERAGE					NAIC #		
INSURED					INSURER A:							
					INSURER B : INSURER C :							
					INSURER D :							
					INSURER E :							
					INSURER F:							
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:				
IN C E	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	3			
Α	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$			
В	OTHER:							COMBINED SINGLE LIMIT	\$			
_	ANY AUTO							,	\$			
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS								\$			
								BODILY INJURY (Per accident) PROPERTY DAMAGE				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY								\$			
С	UMPREU A LIAR COCCUR								\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE								\$			
									\$			
D								PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							STATUTE ER	•			
	OFFICER/MEMBER EXCLUDED?	N/A							\$			
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
F	Professional Liab							E.L. DISEASE - POLICY LIMIT Per Claim	\$			
_	Pollution Liability							Per Occur/Agg				
_	l chance Labority							i or occumy tyg				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (ACORD	101 Additional Remarks Schedu	le may h	e attached if mor	o enace ie requir	ad)				
								•				
	State of California, their employees, officers and age Student Union of San Jose State University, Inc.; and					ees, officers and a	agents; San Jose	State University, their employees,	officers a	and agents;		
CF	RTIFICATE HOLDER				CANC	ELLATION						
<u> </u>	WIII IOATE HOLDEN			ONITOLEATION								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
	San Jose State University							EREOF, NOTICE WILL E	BE DE	LIVERED IN		
One Washington Square San José CA 95192-0047					ACCORDANCE WITH THE POLICY PROVISIONS.							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

- Only applies to the extent permitted by law; and
- 2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.