



Request to Serve Vendor Samples

Name of Show: _____ Booth # _____

Company Name: _____

Contact Name: _____ Phone # _____

Email Address: _____

By order of the Osceola County Fire Department, Department of the Fire Marshall's Office, use of cooking and heating appliances must be disclosed at the time of application for permit and will require a fire watch/s (fees may apply). Each exhibitor using food warming devices will be subject to an individual inspection by the Fire Marshall. A full size 3A40BC fire extinguisher must be in the booth if using heating appliances, microwaves, heat lamps, or jellied fuel heat sources. Exhibitors are responsible for providing a fire extinguisher. All heating equipment must be turned off during non-show hours and exhibitors may be required to order a Fire Watch through hotel security and also Osceola County depending on the devices being used if one is not already assigned for the show floor. No cooking and/or frying is permitted on the show floor. This includes the cooking and/or frying of all products that produce grease laden vapors. If cooking and/or frying is part of your product preparation, please reach out to Exhibit Hall Management prior to the event to discuss available options.

Gaylord Palms Resort & Convention Center is exclusive for food and beverage. Vendor manufactured or produced food or non alcoholic beverage samples must be 3 oz., bite sized or smaller in size with hotel approval prior to the event. Please complete this request form and return to Gaylord Palms Exhibitor Services at gpexhibits@gaylordhotels.com along with a copy of your Certificate of Insurance (COI) with the required verbiage noted under the "Insurance" clause of the attached Food Waiver & Indemnification Agreement. If you're sampling alcohol, please be aware that sample sizes vary depending on the type of alcohol being sampled; Liquor (1)oz, Wine (2)oz and Beer (2)oz. Alcohol services will require a Resort Bartender to be staffed. Gaylord Palms Resort & Convention Center reserves the right to approve or deny any sampling or cooking requests if required information and COI is not provided prior to the event.

Please describe items to be served (including size & quantity):

Please indicate number of appliances which will be used and the UL number on the device:

_____ Electrical Cooking Appliance*
*List Equipment: _____

_____ Heat Lamps

_____ Sterno or other jellied fuel heat source

_____ None

_____ (initial) I have received and returned the Food Waiver & Indemnification Agreement. I am able to provide a Certificate of Insurance with general liability insurance including products liability and contractual liability for bodily injury or property damage with a combined single limit of not less than \$1 million each occurrence.

Signature: _____ Date: _____

Print Name: _____



Food Waiver & Indemnification Agreement

HOTEL POLICY:

It is the policy of this Hotel to discourage Hotel patrons from purchasing food and from using the Hotel facilities to prepare or to prepare and serve food to Hotel guests. Improper handling of food may lead to food poisoning and other health hazards. However, the Hotel recognizes that for religious or other special reasons a Hotel patron may have, it may be necessary to permit such preparation and service. In the event that a patron insists on the purchase, preparation or serving of food by persons other than Hotel employees, the Hotel may allow such activity or activities only if such patron acknowledges, by its signature below, its agreement to accept the responsibility and abide by the terms set forth in this Agreement.

WAIVER:

The undersigned patron ("Patron") agrees to waive any claim for damages of any nature whatsoever and to release the Hotel, the Hotel owner, the Hotel Manager, Marriott International, Inc. and each of their respective subsidiaries, affiliates, officers, directors, employees and agents from any liability or responsibility whatsoever for any ill-effect, injury, or loss incurred by Patron or any third party including, but not limited to, all manner of actions, causes of action, suits, debts, damages, claims, demands, costs, losses and expenses of any type or kind whatsoever, arising from, connected with or related to the purchase of food and the preparation or serving of food to Hotel guests by persons other than Hotel employees.

INDEMNIFICATION:

Patron agrees to indemnify, defend and hold harmless the Hotel, the Hotel owner, the Hotel Manager, Marriott International, Inc., and each of their respective subsidiaries, affiliates, officers, directors, employees and agents from and against all liability, claims, actions, causes of action, suits, demands, damages, judgments, costs, losses and expenses, including reasonable attorney's fees, to which any of the above-named parties may be subject, including, but not limited to, any claim for any injury to or the sickness or death of any person or persons, or for damages to property or otherwise, arising from, connected with or related to the purchase of food and the preparation or serving of food to Hotel guests by persons other than Hotel employees.

INSURANCE:

Patron shall carry comprehensive general liability insurance including products liability and contractual liability for bodily injury or property damage with a combined single limit of not less than \$1 million each occurrence. Patron shall provide the Hotel with a certificate of insurance evidencing such coverage prior to using the Hotel facilities to prepare or to prepare and serve food to Hotel guests.

*****The following verbiage should be placed in the Description field of the COI exactly as shown .*** "Gaylord Palms Resort & Convention Center, Marriott International, Inc., Marriott Hotel Services, LLC, Ryman Hospitality Properties, Inc., GP Limited Partnership, RHP Operations GP, LLC, Xentury City Development Company LLC, XCDC LLC. are included as Additional Insured."**

OPERATION OF KITCHEN FACILITIES:

The Patron agrees that it, its employees and agents will follow the rules, directions and instructions of the Hotel kitchen staff. If the Hotel determines that Patron is using the kitchen facilities in a dangerous manner it may immediately revoke Patron's privileges to use the kitchen facilities. In the event Patron damages any of the kitchen equipment, Patron agrees to promptly pay for all costs of repair or replacement of the damaged kitchen equipment.

PATRON'S ACKNOWLEDGMENT:

Patron's signature below indicates that Patron has read and understood this Agreement and agrees to its contents. Patron also acknowledges that the person signing on behalf of Patron is authorized to bind Patron to the terms of this Agreement.

Print Name: _____

Title: _____

Organization Name: _____

Booth Number: _____

Signature: _____

Date: _____

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 01/01/XX	
PRODUCER ABC Insurance Agency Fax: (212) 441-5555 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 441-6102 ext. 1234				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.			
				INSUREERS AFFORDING COVERAGE			
INSURED Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 324-5349 Fax: (212) 324-5555				INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:			
COVERAGES							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		01/01/XX	01/01/XX	EACH OCCURENCE	\$1,000,000	
					FIRE DAMAGE (Any one fire)	\$50,000	
					MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGRREGATE	\$2,000,000	
					PRODUCTS-COMP/OP AGG	\$1,000,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____		01/01/XX	01/01/XX	COMBINED SINGLE LIMIT (EA accident)	\$1,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY-EA ACCIDENT	\$1,000,000	
					OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		01/01/XX	01/01/XX	EACH OCCURENCE	\$4,000,000	
					AGGREGATE	\$4,000,000	
						\$	
						\$	
						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		01/01/XX	01/01/XX	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER		
					E.L. EACH ACCIDENT	\$500,000	
					E.L. DISEASE-EA EMPLOYEE	\$500,000	
					E.L. DISEASE – POLICY LIMIT	\$500,000	
D	OTHER Professional Liability		01/01/XX	01/01/XX	Each Occurrence & Aggregate	\$1,000,000 \$3,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS							
Gaylord Palms Resort & Convention Center, Marriott International Inc., Marriott Hotel Services, LLC, Ryman Hospitality Properties, Inc., GP Limited Partnership, RHP Operations GP, LLC., Xentury City Development Company LLC, XCDC, LLC. are included as Additional Insured.							
CERTIFICATE HOLDER	<input checked="" type="checkbox"/>	ADDITIONAL INSURED; INSURER LETTER	<input checked="" type="checkbox"/>	CANCELLATION			
Gaylord Palms Resort & Convention Center 6000 W Osceola Parkway Kissimmee, FL 34746				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS			
				AUTHORIZED REPRESETNATIVE John Smith, CIC John Smith, CIC			