



**ROSEMONT CATERING CO., INC.**

9301 W. BRYN MAWR • ROSEMONT, ILLINOIS 60018  
(847) 692-6415 • FAX (847) 696-9790

**APPLICATION FOR SAMPLING ON EXHIBIT FLOOR**

SHOW: Windy City Gift Show

DATES: January 30-February 2, 2016 BOOTH #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

**Completing this application does not guarantee you may sample on the show floor.  
You must contact Rosemont Catering for further information.**

**GENERAL CONDITIONS – NON-FOOD INDUSTRY RELATED SHOWS**

1. Items dispensed are limited to products manufactured, processed or distributed by exhibiting companies and are related to the purpose of the show.
2. All items are limited to SAMPLE SIZE and must be dispensed / distributed in accordance to Local and State Health Codes:
  - a. Non-Alcoholic Beverages limited to maximum of 2 oz. Sample Size
  - b. Food Items are limited to “bite size” (2 X 2 inches or 2 ounces)
3. ALCOHOLIC BEVERAGES cannot be distributed without prior written consent of Rosemont Catering.
4. Sponsorships or donations involving food and/or beverage products are subject to a user fee for food products and corkage fee for beverage products. This charge is determined based on the individual show/event.
5. Other food and/or beverage items used as traffic promoter (i.e.: coffee, soft drinks, bottled water, popcorn, etc.), service for exhibition staff or events MUST be purchased from Rosemont Catering.

**COOKING ON THE EXHIBIT FLOOR**

Contact Rosemont Catering with a list of equipment being used for cooking/warming purposes. Exhibitors will be required to follow the rules & regulations set forth by the Rosemont Fire Department (R.F.D.). The R.F.D. will inspect the equipment on site continuously during the show. Exhibitors will be responsible to supply Fire extinguishers approved by the R.F.D. within their exhibit space.

**CONTACT: Paul Favoretto 847 993 4041 OR EMAIL: [favoretto-paul@aramark.com](mailto:favoretto-paul@aramark.com)**

**If you are approved, an insurance certificate with \$1,000,000.00 liability insurance is required naming the following as additional insured: (1)The Village of Rosemont, (2) Donald E. Stephens Convention Center, (3) Rosemont Catering, 9301 Bryn Mawr Avenue, Rosemont, IL 60018**

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# CERTIFICATE OF LIABILITY INSURANCE

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured  
Village of Rosemont, Donald E Stephen Rosemont Convention Center  
Rosemont Catering by Aramark  
9301 Bryn Mawr Ave, Rosemont, IL 60018

**CERTIFICATE HOLDER****CANCELLATION**

Additional Insured: Village of Rosemont  
Donald E Stephen Rosemont Convention Cntr  
9301 Bryn Mawr Ave  
Rosemont, IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE