



## **Fall Family Festival Food Vendor Contract**

THIS CONTRACT made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between, \_\_\_\_\_ (vendor/business name), hereinafter referred to as Food Vendor, and the CITY OF APOPKA, FLORIDA, hereinafter referred to as the City.

Food Vendor is responsible for the set-up, operation, and removal of all equipment while participating in the Fall Family Festival held at Kit Land Nelson Park/Edwards Field, 10 S. Forest Avenue, Apopka, FL 32703. Food Vendor further agrees to comply with all local ordinances and codes, applicable state and federal statutes and regulations. This agreement will remain in effect throughout the duration of the event, Thursday, November 9, 2017, through Sunday, November 12, 2017, to include the set-up and break down period.

### **REQUIREMENTS**

- A. Food Vendor shall, at its sole cost and expense, procure and maintain throughout the term of this contract, Commercial General Liability (CGL) and Workers' Compensation insurance, including Employer Liability insurance, with minimum policy limits of \$1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law. Products and completed operations aggregate shall be \$2,000,000. Food Trucks and/or any vehicle that functions as the workplace, must provide an Automobile Liability insurance policy in the minimum amount of \$300,000 Combined Single Limit. If alcohol is being served, the Food Vendor shall provide evidence of coverage for liquor liability in the minimum amount of \$1,000,000.

All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies, of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificates, all extensions to the insurance certificate, and declaration sheet should be sent to City of Apopka, Human Resources/Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net.

Said insurance coverage's procured by the Food Vendor as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Food Vendor agrees that said insurance coverage's it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Food Vendor as required herein.

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

- B. Food Vendor recognizes the City's authority to cancel the Fall Family Festival due to inclement weather or any other safety concern that may arise and agrees to fully cooperate with personnel from the City, County and local health departments.
- C. The City is not responsible or liable for any damage, loss or theft the Food Vendor may sustain.
- D. Food Vendor agrees that the City may use photographic images and video taken at the Fall Family Festival in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Food Vendor shall defend, indemnify and hold harmless the City of Apopka and all of City’s officers, agents, and employees from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys’ fees, and court costs which may arise because of the negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of the Food Vendor, its officers, agents or employees in performance or non-performance of its obligations under the Agreement, including but not limited to, automobile negligence, foodborne illness negligence, claims and/or suits. Food vendor recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the City when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the City in support of these indemnification, legal defense and hold harmless contractual obligations in accordance with the laws of the State of Florida. This clause shall survive the termination of this Agreement. Compliance with any insurance requirements required elsewhere within this Agreement shall not relieve the Food Vendor of its liability and obligation to defend, hold harmless and indemnify the City as set forth in this article of the Agreement.

Nothing herein shall be construed to extend the City of Apopka’s liability beyond that provided in section 768.28, Florida Statutes.

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.**

Printed Name of Applicant: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_  
Title of Applicant: \_\_\_\_\_  
Vendor/Business Name: \_\_\_\_\_

---

**STATE OF FLORIDA  
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, and who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public: \_\_\_\_\_  
Commission No: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_



**City of Apopka  
Insurance Requirements  
General Events and Activities**

The original insurance certificate and all extensions to the insurance certificate should be sent to:  
City of Apopka, Human Resources/Risk Management, 120 East Main Street, Apopka, FL 32703  
or E-mailed to [riskmanagement@apopka.net](mailto:riskmanagement@apopka.net)  
Phone: 407-703-1805

**Certificate Holder: City of Apopka**

**These minimum requirements are based on average exposure events and activities. Events or activities that involve high or unusual hazards may require higher limits of coverage.**

**Workers' Compensation:**

If the business falls under the State of Florida Workers' Compensation Law (Businesses employing more than 4 employees), coverage shall be provided for all employees. The coverage shall be for statutory limits in compliance with the applicable state and federal laws. The policy must include **Employers' Liability with a limit of \$1,000,000 each accident, \$1,000,000 each employee, \$1,000,000 policy limit for disease.**

**Commercial General Liability Insurance (Occurrence Form Required):**

Shall have minimum limits of \$1,000,000 per occurrence, Combined Single Limit for Bodily Injury and Property Damage Liability, including Premises and Operations.

Damage to rented premises shall be included with a limit of \$100,000.

If food or beverage is being served, Products Liability must be included in the minimum amount of \$2,000,000.

If alcohol is being served, Liquor Liability must be included in the minimum amount of \$1,000,000.

**Auto Liability:**

(Including but not limited to Food Trucks and/or any vehicle that functions as a workplace.)

Coverage shall be Per Occurrence, Combined Single Limit for Bodily Injury and Property Damage, including Premises and Operations in the minimum amount of \$300,000. Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos).

**Evidence of Insurance:**

The **City of Apopka** is to be specifically included as a named, **additional insured on all policies except Workers' Compensation**. In the event the insurance coverage expires prior to the completion of the use period, a renewal certificate shall be issued 30-days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy. All certified certificates of insurance and insurance policies and declaration sheet must be on file with and approved by the City of Apopka prior to the event. **The Description of Operations must explicitly state that the City of Apopka is named as an additional insured and also detail the name and date(s) of the event/activity.**



## City of Apopka Certificate of Insurance Checklist General Events and Activities

Please note that this checklist is meant to represent the minimum requirements based on average exposure events. Events that involve high or unusual hazards may require higher limits of coverage. The City of Apopka reserves the right to require additional coverages, waive certain requirements, require higher limits or accept lower limits on a case by case basis after the review of the associated risk.

- Insurers** – Must have an A.M. Best rating of A or better.
- Certificate Holder** – City of Apopka, 120 E Main Street, Apopka, FL 32703
- Policy Terms** - Must be current and cover the date(s) of the event or project.
- General Liability** – Minimum requirements for all contractors and vendors.
  - \$1,000,000 Each Occurrence
  - \$100,000 Damage to Rented Premises
  - \$2,000,000 General Aggregate
  - \$2,000,000 Products and Completed Operations Aggregate
- Automobile Liability** – Combined Single Limit of \$300,000 (Required when vehicle functions as the workplace or is used to perform contracted work.)
- Workers' Compensation** – Minimum limits in the amount of \$1,000,000/\$1,000,000/\$1,000,000 (Businesses employing more than four employees or in compliance with applicable state and federal laws)
- Liquor Liability** – Minimum Limit of \$1,000,000 (If Applicable)
- Additional Insured** – The City of Apopka is to be **included as a named additional insured** on all policies except Workers' Compensation.
- Notice of Cancellation** – Policy must be endorsed to provide a 30 day policy cancellation notice.
- Description of Operations** – This section must explicitly state that the City of Apopka is named as an additional insured and also detail the name and date(s) of the event or project.
- Declaration Sheet** – A copy of your policy declaration sheet must accompany your Certificate of Liability Insurance.
- Endorsement Pages/Form List Schedule** – A copy of any and all endorsement pages (Notice of Cancellation, Additional Insured, Waiver of Subrogation, etc.) and Forms List Schedule must accompany your Certificate of Liability Insurance. The endorsement pages must include the policy number and effective dates of the endorsements.

**Should you have any questions or concerns regarding these insurance requirements, please contact Risk Management at 407-703-1805 or e-mail [riskmanagement@apopka.net](mailto:riskmanagement@apopka.net).**