



FPCC Approved Vendor List Application

FOREST PRESERVE RESPONSIBILITIES:

Review all applications for completeness and include those that are selected for the Approved Vendor List. Inclusion on the list will run from (November 15 – November 14).

Advertise the Approved Vendor List on the Forest Preserves permits [website](#) and permit office locations. Each Vendor will have the following information represented on the Approved Vendor List:

1. Business name
2. Contact information, including website link and phone number

VENDOR RESPONSIBILITIES: Acknowledge/submit each requirement below.

- Completed application and fee
- Copy of current business license
- Copy of Certificate of General Liability Insurance w/Endorsement
- List of products/services with pricing to FPCC
- Sample rental contract for FPCC records

REMOVAL FROM VENDOR LIST: Forest Preserves reserves the right to remove a vendor from the Approved Vendor List for reasons stated below:

- Vendor misrepresents, falsifies or withholds information from FPCC and/or FPCC customers.
- Requirements, restrictions and conditions or rules pertaining to inclusion on the Forest Preserves’ Approved Vendor List are violated (see invitation letter for prohibited rental items).
- Substantial complaints are received from the public relating to the service(s) that a vendor provides.
- Failure to serve customers in area(s) selected by vendor.
- Certificate of insurance coverage lapses.

BUSINESS/VENDOR INFORMATION:		
Individual or Business Name:		
Primary Contact Name:	Primary Contact Number:	
Secondary Contact Name:	Secondary Contact Number:	
Business Address:	City:	Zip:
Business Number:	Fax number:	
Email Address:		
Website:		
Can your business provide the FPCC permit office with copies of each rental contract obtained for events held on FPCC property that utilize “Special Use Items” that include the patron’s permit number on each rental contract? Yes <input type="checkbox"/> (attach sample) No <input type="checkbox"/>		
Will your business be able to notify FPCC within 48 hours of a “Special Use Items” rental? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FPCC DIVISION(S) OF SERVICE: (Refer to Exhibit A for a map of all divisions): Select division(s) your business is able to service, vendors risk termination for failure to serve customers in selected area(s).		
<input type="checkbox"/> County wide <input type="checkbox"/> Poplar Creek <input type="checkbox"/> Des Plaines <input type="checkbox"/> North Branch <input type="checkbox"/> Indian Boundary <input type="checkbox"/> Skokie <input type="checkbox"/> Salt Creek <input type="checkbox"/> Sag Valley <input type="checkbox"/> Tinley Creek <input type="checkbox"/> Palos <input type="checkbox"/> Thorn Creek <input type="checkbox"/> Calumet		

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SERVICES AVAILABLE: Select all services that your company can provide

- Inflatables Generators Band/DJ Tent Vendor Food Vendor/Caterer
 Dumpsters Snack Machines (*popcorn, cotton candy, etc.*) Commercial Grade Grills (*5' or wider*)
 Other (*List the service you provide or attach brochure/flyer of all services available*):

INSURANCE INFORMATION: Refer to this [link](#) Or Exhibit B for sample certificate/endorsement.

Insurance Company Name

Policy Number

Expiration Date

HEALTH DEPARTMENT INFORMATION: (If Applicable)

License Number

Expiration Date

SUBMISSION/PAYMENT INFORMATION:

Vendors must renew on an annual basis to remain a part of the Approved Vendor program. Annual \$150 fee is valid for the entire year and is not prorated. Vendors can pay via cash, check or credit card. All documents shall be emailed or mailed to:

Forest Preserves of Cook County
Attn: Approved Vendor List Administrator
536 N. Harlem, River Forest, IL 60305
 or
fpd.concessions@cookcountyil.gov

Submission of an application does not constitute approval. Inclusion on the Approved Vendor List does not establish any form of endorsement, partnership, agency, or joint venture arrangement of any kind between the Vendor and the District.

SIGNATURE AND INDEMNIFICATION:

This is an application for inclusion on an "Approved Vendor List." Submission of this application does not guarantee inclusion on the Forest Preserves Approved Vendor List and payment is not required until you are approved. All approved Vendors shall agree to the policies, procedures and ordinances of the Forest Preserves, as well as the applicable local, county, state and federal laws that apply to the services they provide. By signing below, you represent that the above information in your application is true and complete, and that you have the authority to make and submit this application to the Forest Preserves for approval.

Vendor will indemnify and defend the Forest Preserves, its officials, agents, and employees (the "Indemnities") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses that the Indemnities may suffer, incur, or sustain or for which it or they may become liable resulting from, arising out of any injury or damage relating to the Vendor's provision of services to Forest Preserves patrons.

Signature

Date

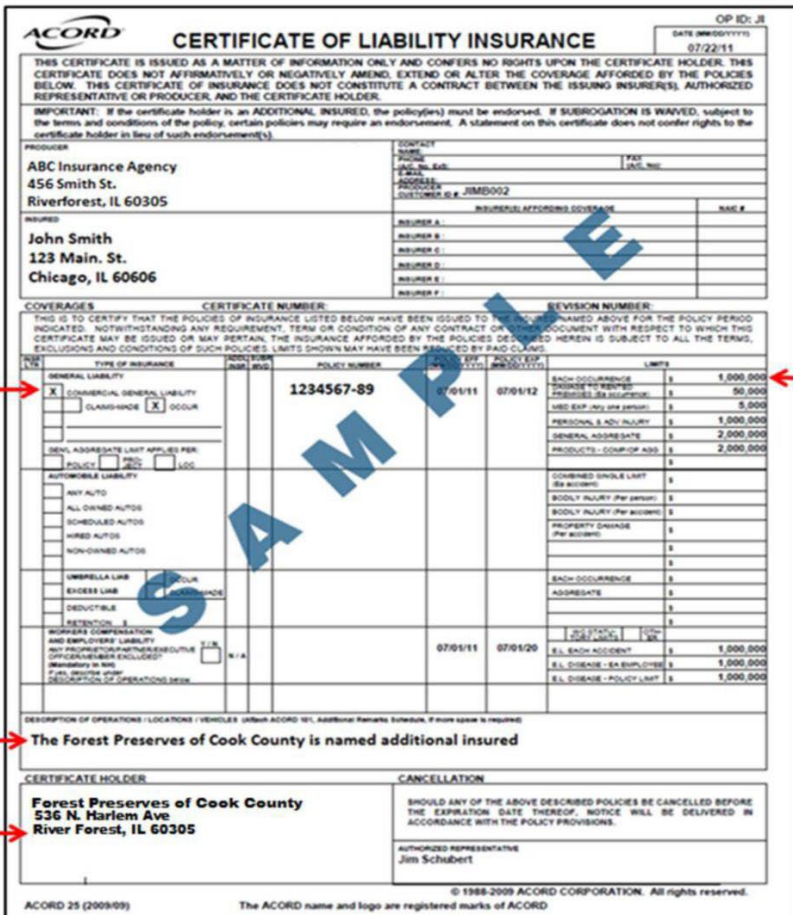
ATTACHMENT B CERTIFICATE OF GENERAL LIABILITY INSURANCE EXAMPLE

Certificate of Liability Insurance Sample

Please see sample certificate below. Certificates are due no less than two weeks prior to event date Documents/fees received within two weeks of event date are subject to denial or \$25 late fee. The following must be noted:

1. Type of insurance must be "General Liability"
2. Amount of coverage per occurrence must be \$1,000,000
3. Forest Preserves of Cook County must be listed specifically as "Additional Insured"
4. Address to be used on insurance should reflect our General Headquarters office in River Forest.
5. Endorsement must be attached to certificate.

Note: Events with 1,000+ attendees require \$2,000,000 per occurrence. Also, events that wish to sell (beer or wine only), will have additional insurance requirements.



ACORD CERTIFICATE OF LIABILITY INSURANCE (CP ID: 38) DATE (MM/DD/YYYY): 07/22/11

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: ABC Insurance Agency, 456 Smith St., Riverforest, IL 60305

INSURED: John Smith, 123 Main St., Chicago, IL 60606

COVERAGES:

TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	START DATE	EXPIRY DATE	LIMITS
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASS-SIDE <input checked="" type="checkbox"/> OCCUR	1234567-89	07/01/11	07/01/12	EACH OCCURRENCE \$ 5,000,000 PRODUCTS-BA EXCEPTED \$ 50,000 UMB. EXP. INTL. WA. \$ 5,000 PERSONAL & AUTO. \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY	<input 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$
UMBRELLA LIAB. EXCESS LIAB. DEFENSIBLE RETENTION					EACH OCCURRENCE \$ AGGREGATE \$ DEFENSIBLE \$
EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY	<input type="checkbox"/> MANDATORY IN ILL. (See the cover description of operations here)		07/01/11	07/01/20	S.I. EACH ACCIDENT \$ 1,000,000 S.I. DISEASE - EA EMPLOYEE \$ 5,000,000 S.I. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required):
The Forest Preserves of Cook County is named additional insured

CERTIFICATE HOLDER: Forest Preserves of Cook County, 536 N. Harlem Ave, River Forest, IL 60305

CANCELLATION: 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: Jim Schubert

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

SAMPLE