Approved Vendor List Application

FOREST PRESERVE APPROVED VENDOR PROGRAM DESCRIPTION: The Approved Vendor List is a promoted directory of vendors that can provide Special Use Items, such as inflatables, generators, tents, table/chairs, etc., for rental for events held in the Forest Preserves of Cook County (FPCC). It is promoted for customers who wish to bring rented Special Use items onto FPCC property for their picnic (e.g., inflatables, generators, commercial grills, snack machines etc.) to utilize the Approved Vendor List to adhere to the FPCC insurance requirements. Only vendors on the Approved Vendor list will be allowed to have their insurance covered items rented and/or operated equipment on Forest Preserve property for basic picnics for most commonly requested items (i.e. inflatables, generators, etc.). **Please Note:** There is no guarantee of any amount of business that the Vendor might receive from participation in this Approved Vendor List. 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 FPCC.

FOREST PRESERVE RESPONSIBILITIES:

The Forest Preserves shall review all applications for completeness and grant approval for those that are selected. Inclusion shall be granted per program application period each year (November 15 – December 14). There is no proration for applications submitted later within the year.

Approved Vendor List will be advertised on the Forest Preserves permits website and permit office locations. Each Vendor will have the following information represented on the Approved Vendor List:

a. Business name
b. Services and products offered
c. Contact information, including website link and phone number

VENDOR RESPONSIBILITIES: Check each box to acknowledge requirements listed below.

- ☐ Completed application and fee
- ☐ List of products/services with pricing to FPCC
- ☐ Sample rental contract for FPCC records
- ☐ Copy of Certificate of General Liability Insurance w/Endorsement with FPCC named as addition insured
- ☐ Copy of Current Business License
- ☐ Copy of food sanitation license (if applicable)

REMOVAL FROM VENDOR LIST: Forest Preserves reserves the right to remove a Vendor from the Approved Vendor List at any time or for reasons stated below.

1. Vendor misrepresents, falsifies or withholds information from FPCC and/or FPCC customers.
2. Requirements, restrictions and conditions or rules pertaining to inclusion on the Forest Preserves' Approved Vendor List are violated.
3. Substantial complaints are received from the public relating to the service(s) that a Vendor provides.
4. Certificate of Insurance coverage lapses within calendar year of approval.
5. Expired business license and/or any required certifications.

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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 ☐ No ☐		
Will your business be able to notify FPCC within 48 hours of a "Special Use Items" rental? Yes ☐ No ☐		
Division(s) of Service (Refer to **Exhibit A** for a map of all divisions): ***County wide:** ***Vendors risk termination for denying patrons due to event location.*** Poplar Creek ☐ Des Plaines ☐ North Branch ☐ Indian Boundary ☐ Skokie ☐ Salt Creek ☐ Sag Valley ☐ Tinley Creek ☐ Palos ☐ Thorn Creek ☐ Calumet		

SERVICES PROVIDED: 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:		
For inclusion on the Approved Vendor List, all Vendors are required to submit a one-time payment of **$150.00 per calendar year with application/documents.** Once approved, Vendors can pay via cash, check or credit card. All check payments shall be sent to:		

Approved Vendor List Application

536 N. Harlem, River Forest, IL 60305 ATTN: Approved Vendor List Administrator.

Vendors must renew on an annual basis to remain a part of the Approved Vendor program. Annual fee is valid for the entire year and is not prorated.

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.

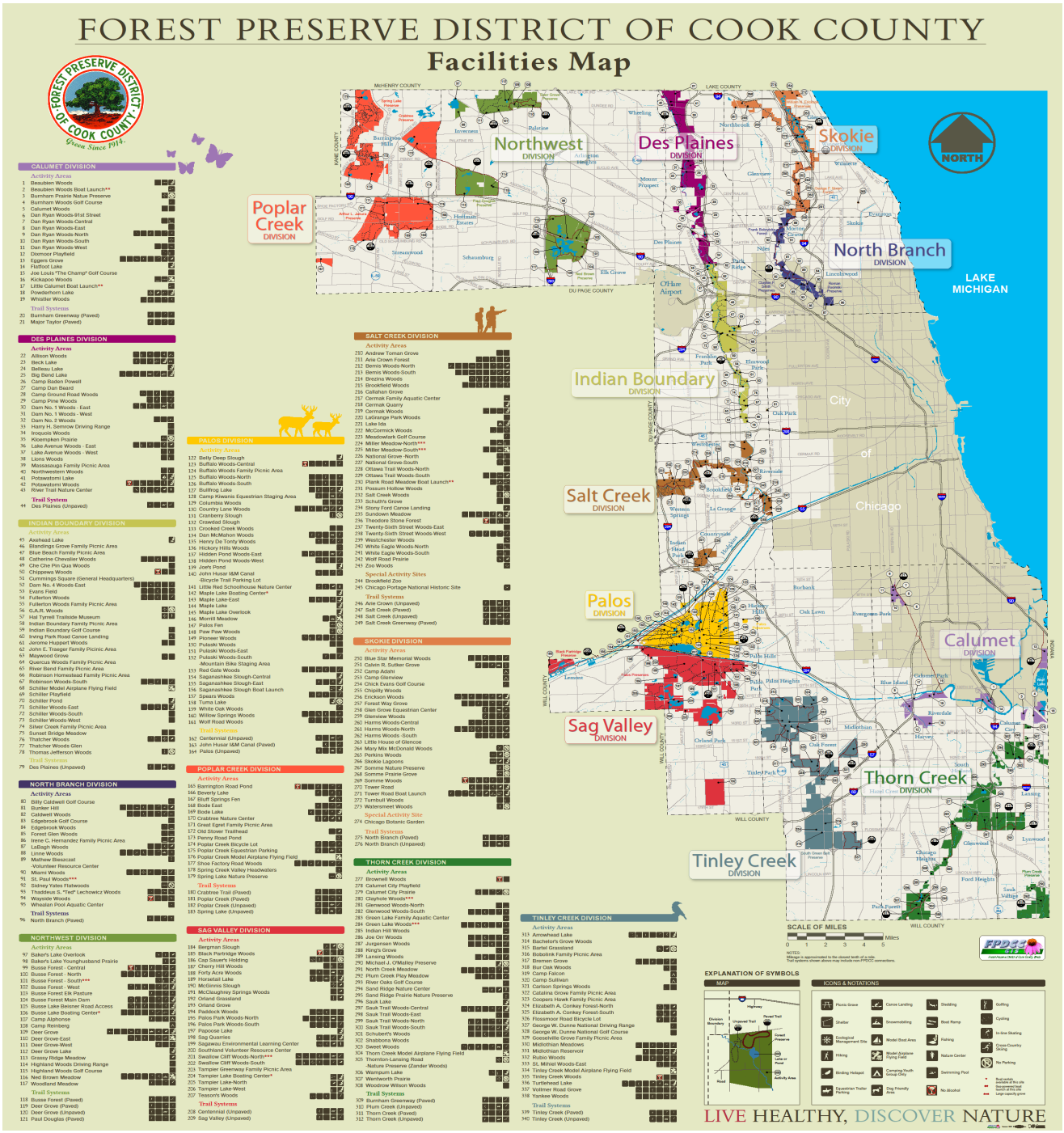
SIGNATURE AND INDEMNIFICATION:

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

EXHIBIT A
FACILITIES MAP



ATTACHMENT B
CERTIFICATE OF GENERAL LIABILITY INSURANCE EXAMPLE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/16/25

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: Name of Insurance Agent
ABC Insurance Agency 456 Smith Street River Forest, IL 60305	PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): E-MAIL ADDRESS: Email Address
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : ABC Insurance (999)-999-9999 — 1234567-85FFPCC
John Smith's Happy Food Truck 123 Main Street Chicago 66601	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES — CERTIFICATE NUMBER: 1234567-98 FPCC — 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	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC	Y		1234567-98 FPCC	12/16/2025	12/16/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS	Y		1234567-98 FPCC	12/16/2025	12/16/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			1234567-98 FPCC	12/16/2025	12/16/2026	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH) If yes, describe under	Y / N N / A		1234567-98 FPCC	12/16/2025	12/16/2026	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
	DESCRIPTION OF OPERATIONS below							

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

The Forest Preserve of Cook County is named as additional insured.

CERTIFICATE HOLDER	CANCELLATION
The Forest Preserve of Cook County 536 N. Harlem Ave River Forest, IL 60305	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 Signature of Authorize Insurance Representative

ACORD 25 (2010/05) — The ACORD name and logo are registered marks of ACORD

APPENDIX A: INSURANCE ENDORSEMENT SAMPLE

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER: 12344567-98FPCC

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 FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	
The Forest Preserves of Cook County	**5**

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1.
or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or

2. In connection with your premises owned by or rented to

you. However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.