

**Off-Campus Caterer Waiver**

**PART 1: To Be Completed by Event/Group Organizer**

Group Name \_\_\_\_\_

Group/Office Contact Names(s)	Email Address(es)	Phone Number(s)

Date/Time of Event \_\_\_\_\_ Food & Beverage Budget for Event \_\_\_\_\_

Number of Attendees \_\_\_\_\_ Name of Staff Liaison (for student groups) \_\_\_\_\_

Name of Proposed Off-Campus Caterer \_\_\_\_\_

Address of Proposed Off-Campus Caterer \_\_\_\_\_

**I agree to abide by the Siena University Off-Campus Caterer policy, and understand it is my responsibility to ensure the Off-Campus Caterer adheres to the same policy.** I have attached all required documentation to this application and I am submitting this application in a timely manner.

Signature of Event Contact \_\_\_\_\_

Date \_\_\_\_\_

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**PART 2: To Be Completed by AVI/Siena Fresh Catering:**

\_\_\_\_\_ I have reviewed, provided and attached a written price quote for the above-referenced event.

\_\_\_\_\_ AVI/Siena Fresh is unable to provide catering as requested for this event.

AVI-Siena Fresh Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 3: To be Completed by Off-Campus Caterer:**

Off-Campus Caterer Name and Address: \_\_\_\_\_

\_\_\_\_\_

Tax or Employer ID Number: \_\_\_\_\_

**All four statements below must be complied with and checked to receive approval of this Waiver.**

\_\_\_\_\_ I have attached a written price quote including menu, level of service and number of attendees

\_\_\_\_\_ I will provide only Pepsi products to be served at this event.

\_\_\_\_\_ I have attached a current Albany County Department of Health Food Service Permit

\_\_\_\_\_ I have attached a certificate of insurance, in compliance with the following:

**For this event, the Off-Campus Caterer covenants and agrees to procure and maintain liability insurance in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate, personal injury liability in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate, property damage liability in the amount of \$1,000,000 per claim., automobile liability in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate, Workers Compensation (Coverage A) in the amount as required by applicable law, and Employers' Liability (Coverage B) in the amount of \$1,000,000 per occurrence. Such certificate shall name Siena University, its Board of Trustees, officers, employees and agents as additional insureds on a primary, non-contributory basis.**

Off-Campus Caterer  
Authorized Signature

\_\_\_\_\_ Date: \_\_\_\_\_