

Foodie Fest at Hudson Fields

INSURANCE

Upon execution of the Food Event Participation Agreement, and prior to the event date, the Vendor agrees to furnish the owner with a certificate of insurance evidencing insurance coverage for workers' compensation, employer's liability, commercial general liability insurance, automobile liability insurance and liquor liability if applicable, as follows:

General Liability Insurance

The Vendor's commercial general liability insurance shall be written for not less than the following limits of liability:

<u>General Liability:</u>	
General Aggregate:	\$ 2,000,000
Products/Completed Operations:	\$ 2,000,000
Personal Injury Liability:	\$ 1,000,000
Each Occurrence Limit:	\$ 1,000,000

- Hudson Family LLC and Hudson Management LLC should be shown as additional insured with respects to commercial general liability coverage as their interests may appear with respects to the insured's participation in the Food Event.
- Include a Waiver of Subrogation on commercial general liability in favor of additional insureds with respect to losses arising out of vendor's participation in the event.

Liquor Liability Insurance

Required for all vendor's selling alcoholic beverages. The vendor's policy shall be written for not less than \$1,000,000 Liquor Liability limit and shall include Hudson Family LLC and Hudson Management LLC as additional insured, as required in the Food Event Participation Agreement.

Automobile Liability Insurance

The Vendor's commercial automobile liability insurance shall be written for not less than \$1,000,000 combined single limit and shall include all owned, non-owned and hired vehicles. Hudson Family LLC and Hudson Management LLC are to be additional insureds, with a waiver of subrogation in their favor, with respects to their interests in the auto liability coverage.

Workers Compensation and Employers Liability Coverage

The Vendor's Workers' Compensation and Employer's Liability coverage shall cover all Vendor's' employees as required by law. Policy shall also provide employers liability coverage of not less than \$100,000 for bodily injury caused by accident and \$500,000 for bodily injury by disease. Waiver of Subrogation endorsement in favor of Hudson Family LLC and Hudson Management LLC shall be provided.

Vendor's with no employees can excluded themselves from the coverage requirement by completing an exclusion form.



CERTIFICATE OF LIABILITY INSURANCE

SAMPL-1

OP ID: SK

DATE (MM/DD/YYYY)
03/14/2016

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 L & W Insurance Agency P.O. Box 918 Dover, DE 19903	CONTACT NAME: JOE SMITH
	PHONE (A/C, No., Ext): 123-456-7890 FAX (A/C, No.):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: ABC Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Vendor's name
12345 Main St
Anywhere, DE

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	GENERAL LIABILITY	X	X	1234567	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" 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 \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY	X	X	1234567	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALLOWED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	1234567	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			1234567	01/01/2016	01/01/2017	1,000,000

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

Hudson Family LLC and Hudson Management LLC are additional insureds to commercial general, auto and liquor liability (if applicable), as their interests may appear and as required in a written agreement with respects to the insured's participation at the Foodie Fest at Hudson Fields on June 5, 2016. Commercial General Liability, Auto Liability and Workers Comp

CERTIFICATE HOLDER**CANCELLATION**

HUDSO-8

Hudson Family LLC
30045 Eagle Crest Rd
Milton, DE 19968

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

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NOTEPAD:

HOLDER CODE HUDSO-8
INSURED'S NAME Vendor's name

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OP ID: SK

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Date 03/14/2016

include a waiver of subrogation in favor of the additional insureds.

AGREEMENT BY EXECUTIVE OFFICER(S)/LLC MEMBERS(S) NOT TO BE SUBJECT TO THE DELAWARE WORKERS' COMPENSATION LAW

Executive officers of corporations and members of Limited Liability Companies (LLCs) are covered under the Delaware Workers' Compensation Law. However, up to eight (8) executive officers who are stockholders of a corporation or up to four (4) members of an LLC may elect not to be subject to Delaware Workers' Compensation Law by completing this agreement with their corporation/LLC. **SPECIAL NOTE - CONSTRUCTION** corporations/LLCs subject to Title 30, Chapter 25 of the Delaware Code may elect to exclude up to four (4) executive officers who are stockholders of a corporation or up to four (4) members of an LLC. Executive Officers are the president, any vice president, secretary, treasurer or any other executive officer(s) elected by the board of directors in accordance with the charter and the regularly adopted by-laws of the corporation. This Executive Officer/LLC member Exclusion Procedure must be repeated each time a corporation/LLC wishes to change the status of any executive officer/LLC member and/or secures coverage from a different carrier group.

Name of business _____

Address of business _____

Street/Road/PO Box _____ Town/City _____ State _____ Zip code _____

Federal Employer Identification Number

Business **has** employee(s) (other than those listed below) - please check here _____
 Business **does not have** employee(s) (other than those listed below) - please check here _____

Please check type of business

- Corporation Not Subject to Title 30, Chapter 25 (non construction) – Maximum 8 exclusions
- Corporation Subject to Title 30, Chapter 25 (construction) – Maximum 4 exclusions
- Limited Liability Company (LLC) – Maximum 4 exclusions

Signature of Representative of Corporation or LLC _____ Title _____ Date _____

Named below are the executive officer(s)/LLC member(s) electing not to be subject to the Delaware Workers Compensation Law:

NAME(s) (Print name)	TITLE	MEMBER OFFICER(S) SIGNATURE	STOCKHOLDER YES/NO	DATE

Additional space below cannot be used by Title 30, Chapter 25 corporations or any limited liability company.

IMPORTANT: If you have workers compensation insurance, you **must** submit the **original** of this completed form to your insurance carrier, together (in the case of a corporation) with the shareholders resolution(s), shareholders agreement(s), and/or shareholders written consent(s) evidencing the executive officer status of the electing executive officer(s), or together (in the case of an LLC) with the operating agreement and/or certificate of formation evidencing the member status of the electing member(s). If you are a subcontractor, you **must** also provide a copy of the same documents to each general contractor by whom you are hired.