



# MBCC SAMPLING REQUEST FORM

Approval is granted on a case-by-case basis. Note that submitting this form is not a guarantee of sampling approval, which is granted at Sodexo Live!'s discretion.

Email all completed forms to [cateringmbcc@sodexo.com](mailto:cateringmbcc@sodexo.com), or your designated Sodexo Live! Catering Sales Manager.

## COMPANY INFORMATION

Name of the Event \_\_\_\_\_ Booth Number \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

## FOOD AND BEVERAGE DETAILS

Dates of Sampling From \_\_\_\_\_ to \_\_\_\_\_

Product(s) to be Sampled:

- Food \_\_\_\_\_ (Portion size of 2oz or less)
- Beverage \_\_\_\_\_ (Portion size of 3oz or less)
- Alcohol\* \_\_\_\_\_ (Portion size of 1oz or less)

\*Sodexo Live! Bartenders are required to distribute the product starting at \$60+/per hour, minimum three (3) hour shift.

**Sodexo Live! requires all samples to be distributed via biodegradable, compostable disposablewear:**

- I will be providing biodegradable, compostable packaging
- I need to purchase biodegradable, compostable packaging from Sodexo Live!

**Please describe how the product(s) are in relation to the nature of the event:**

\_\_\_\_\_

## OPTIONAL SERVICES PROVIDED BY SODEXO LIVE!

- Loading Dock for Product or Equipment Delivery (*\$250+/up to a pallet, per pallet*)  
Number of Pallets being delivered \_\_\_\_\_ Date of Delivery \_\_\_\_\_
- Product Storage via Freezer, Refrigerator or Warehouse (*\$250+/up to a pallet, per pallet, per day*)  
Dates of Storage \_\_\_\_\_ to \_\_\_\_\_ Number of pallets for storage: \_\_\_\_\_

\$50+ Delivery Fee will be applicable per delivery from Storage to the Customer's Booth. \$25+ Re-Delivery Fee will be applicable for each attempted re-delivery if the Customer is not present within the booth at the predetermined time of delivery.



# MBCC SAMPLING AGREEMENT

**Sodexo Live! has exclusive food and beverage distribution rights within the Miami Beach Convention Center. Exposition sponsoring organizations and/or their exhibitors may distribute sample food and/or beverage products ONLY upon Written Authorization from Sodexo Live!.**

## GENERAL CONDITIONS

Exhibitors who directly manufacture, produce or distribute the intended product(s) may be given permission to sample portions of their products contingent on approval from Sodexo Live! The product(s) must be related to the event. Exhibitors who do not directly manufacture, produce or distribute the product will be assessed a Buyout or Corkage fee. Sampled products may only be distributed within an Exhibitor's Booth. Samples are not permitted to be sold.

Exhibitors acknowledge all Sodexo Live! approved sample(s) are limited to a specific size:

- a. Food limited to a maximum of 2oz per sample.
- b. Non-Alcoholic Beverage limited to maximum of 3oz per sample.
- c. Alcohol limited to maximum of 1oz per sample.

Exhibitors acknowledge that samples distributed larger than the sizes listed above will be subject to a Buyout or Corkage fee per product charged at cost of the Exhibitor(s), or operations will be terminated.

Exhibitors acknowledge responsibility for adhering to all Federal, State and Local Health Department Regulation for preparation and distribution of food and/or beverage.

Exhibitors acknowledge responsibility for storage, handling and delivery of all equipment and/or products for the sampling activation(s). Exhibitors acknowledge Sodexo Live! is not liable for actions or damages resulting from any equipment utilized from the sample activation(s). Sodexo Live! offers storage, handling and delivery services, which if agreed to, will be charged to the Exhibitor where applicable.

Exhibitors acknowledge a Certificate of Liability Insurance naming Sodexo Live!, OVG 360, The Miami Beach Convention Center and the City of Miami Beach must accompany your MBCC Sampling Request Form fourteen (14) business days prior to the event start date. Requests received by Sodexo Live! within and after the fourteen (14) day period will not be considered for approval. Your company's name as contracted with Sodexo Live!, OVG 360, The Miami Beach Convention Center and the City of Miami Beach must appear on the Certificate of Insurance. Sodexo Live! reserves the right to terminate any sampling operations that does not have a Certificate of Insurance with the appropriate verbiage on file.

## WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate at the Miami Beach Convention Center in a supervisory capacity, the sampling as detailed on authorization request, the undersigned, heirs and personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue Sodexo Live!, OVG 360 and the City of Miami Beach, their officers, employees and agents from any and all claims resulting from personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in.

**By signing this form, I agree to the terms and conditions listed above, acknowledging that Sodexo Live! reserves the right to terminate any sampling activation leading up to or during an event, at Sodexo Live!'s discretion, and submitting this agreement is not a guarantee of sampling approval.**

Print Name: \_\_\_\_\_  
representing (Company/Business/Organization Name) \_\_\_\_\_

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

# EXAMPLE CERTIFICATE OF INSURANCE

All Certificates of Insurance submitted to Sodexo Live! must have the following coverages, verbiage stated within the Description of Operations and name Sodexo Live! as the certificate holder.

ACORD		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY) xx/xx/xxxx	
PRODUCER XYZ BROKERAGE		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED TENANT'S NAME (AS IT APPEARS ON LEASE AGREEMENT) ADDRESS		INSURERS AFFORDING COVERAGE			NAIC #	
		INSURER A: XYZ INSURANCE COMPANY				
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
<b>COVERAGES</b>						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000 \$
	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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 <input type="checkbox"/>	XXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Each Occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N If yes, describe under SPECIAL PROVISIONS below	XXXXXXX	XX/XX/XX	XX/XX/XX	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	<input type="checkbox"/>	OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Sodexo Live!, OVG 360 and the City of Miami Beach, its agents, employees and officials are an additional insured under the terms and conditions of the General Liability policy with respect to work performed by the named insured as required by written contract. The Workers' Compensation policy contains a Waiver of Subrogation in favor of Centerplate, Spectra and the City of Miami Beach, its agents, employees and officials providing the contract is executed prior to any loss.						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Sodexo Live! Miami Beach Convention Center 1901 Convention Center Drive Miami Beach, FL 33139				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL ____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE		