# Examples of Requirements to use an off campus caterer at UCR:

#### **Insurance Naming UC Regents as Additional Insured**

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	P.O. Box 2365			NUMBER					
	Riverside, CA 92516			IVS.PC					
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## **Copy of Current Health Permit**



#### **Copy of Food Safety Handlers Cards**



## **Completion of UCR Business Information Form**

SUPPLIER OF GOODS OR UNIVERSITY OF CALIFORN COMPANY NAME:	SERVICES ONLY IA, RIVERSIDE (n	To be completed by AL egardless of commodity	, service, or pro	duct offered	S PROPOSING TO D 1.) cate Ms., Mr., etc.)	D BUSINESS WITH	
STREET ADDRESS:							
MAILING ADDRESS (If differ	ent from street addr	MS):					
TELEPHONE NO: ( )		TOLL ERFE NO: (	)	E	AX NO: ( )		
E-MAIL:			HOME PAGE				
	please provide de	tails on an attached sh	eet of paper.				
FEDERAL IDENTIFICATIO	NO. OR SOCIAL	SECURITY NUMBER	: DUN	BRADSTR	REET NUMBER:		
PRIMARY TYPE OF BUSIN	FAE	RICATOR	DEALER MANUFACT SERVICE	URER	DISTRIBUTOR MANUFACTUP WHOLESALEP	ERS AGENT	
OTHER PRINCIPAL OWNERS:		_		Sex	-	Percent	
Name		T	te	(M or F	) Ethnicity	Ownership	
THIS IS A PARENT COMP.	ANY: (Name of su	ubsidiaries)	THIS IS A SU	BSIDIARY:	(Name and location	of parent company)	
YEARS	RAGE ANNUAL SALES RIOR 3 YEARS)	NET WORTH OF BUSINESS	NORM/ INVENTO VALUE	RY	APPROXIMATE SIZE OF FACILITIES (sq.ft.)	NUMBER OF EMPLOYEES	
DESCRIPTION OF PRODU	CTS & SERVICES	i (please include NAIC)	S code if availal	ie)	I		
BANK REFERENCE NAME			ADDRESS: (	Number, Ci	ty, State, Zip)		
CUSTOMER REFERENCE Name	8:	Ad	tress		Phone Number		
PERSON(S) AUTHORIZED	TO COMMIT YOU	JR FIRM TO A CONTR					
Name	Title		Name		Title		
	Company Insured' General Liability	YESNO / Automobile Lia		rker's Com		r	
Companies Affording Cover			_				
OWNERSHIP OF BUSINES Partnership For	S: (Check One) (on Ownership	Corporation _ Not for Profit	Individ	ual/Sole Pr	oprietorship	Joint Venture	