

SFSU Vendor Program Registration Form

Student Activities Office

Requests must be submitted no less than seven working days prior to the desired dates. All vendors must comply with SF State Vendor Program policies.

Instructions

1. Complete all required fields of the form.
2. Email completed form, COI and AIE, and any supporting documents to Evan Jaynes, Director of Student Activities – jaynes@sfsu.edu, and Chris Trudell, Assistant Dean of Students – trudell@sfsu.edu.
3. Prepare payment to the student organization.
 - a. Personal checks are NOT accepted; payment must be made via company check, cashier's check, money order, or a direct transfer to the Student Organizations University UCorp Account.
4. Submit proof of payment to Evan Jaynes, Director of Student Activities – jaynes@sfsu.edu, and Chris Trudell, Assistant Dean of Students – trudell@sfsu.edu.
5. Once submitted Student Activities will submit this packet for review by Enterprise Risk Management. The student & vendor contacts will receive final confirmation once completed.

PART A :: Vendor Information

Name of Vendor Representative: _____ Business Name: _____

Seller's or Business License #: _____ Contact Person: _____

Email: _____ Phone: _____

Address: _____ City/State/ZIP: _____

Description of Goods/Services: _____

Description of Anticipated Vendor Activity on Campus:

PART B :: Vendor Participation

Vending Dates (Mon-Fri): From _____ To _____ Days Total: _____

Space Size: ☐ 6' x 6' (\$150/week)

☐ 10' x 10' (\$200/week)

Amount Paid to Student Org: \$ _____

Part C: Student Organization Sponsorship

Student Organization Name: _____ UCorp Account Number: _____

Student Organization Officer Name: _____ Phone/Email: _____

Review Vendor Insurance Requirements & Provide a Copy of Coverage Documents Acceptable to University

Vendor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with Vendor's activities on Campus. The cost of such insurance shall be borne by the Vendor.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability (if driving on campus only):** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Consultant has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation** insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.

If the Vendor maintains higher limits than the minimums shown above, the Campus requires and shall be entitled to coverage for the higher limits maintained by the Vendor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Campus.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the Campus. At the option of the Campus, either: the Vendor shall obtain coverage to reduce or eliminate such deductibles or self-insured retentions as respects the Campus; or the Vendor shall provide a financial guarantee satisfactory to the Campus guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

STUDENT ACTIVITIES OFFICE

Division of Student Life
San Francisco State University

1600 Holloway Ave
Student Services Building – 301
Phone: 415-338-3060 | Email: activities@sfsu.edu

Additional Insured Status

The State of California, the Trustees of The California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively “University”) are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Vendor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Vendor’s insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).

Attach a Copy of Your Certificate of Insurance. Please ensure that you attach the separate Additional Insured endorsement as well.

**** Please Note** - Student Activities Staff will route this form with completed A+B+C sections, provided insurance COI and AIE to designated university staff. Do not sign in advance - you will sign securely via DocuSign once our staff sends it.

By signing below, you agree to all San Francisco State University Vendor Program policies, procedures, and insurance requirements.

Vendor Signature: _____ Date: _____

University Enterprise Risk Management Staff Signature: _____ Date: _____

Registered Student Organization Officer Signature: _____ Date: _____

**The Registered Student Organization Office must coordinate with the vendor to secure the funds to their Student Organization UCorp Account before Student Activities & Events and UCorp will complete and sign the registration forms.*

Questions? Please contact ucorpstudorg@sfsu.edu

Student Activities & Events Office Staff Signature: _____ Date: _____

UCorp Student Organization Banking Staff Signature: _____ Date: _____