

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

## Insurance Naming UC Regents as Additional Insured

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

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 INSURERS, 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 the absence of such endorsement(s).

**Insured:** Fierro Foods Inc.  
 Cdb: The Salted Pig  
 One W Workside  
 P.O. Box 2365  
 Riverside, CA 92515

**Insurer:** Liberty Mutual Insurance  
 23043

**CERTIFICATE NUMBER:** BAW1656302382  
**REVISION NUMBER:** 016516

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO OTHER INSURANCE IS REQUIRED. THIS IS SUBJECT TO THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASSIFICATION	TYPE OF INSURANCE	FORM NUMBER	POLICY NUMBER	ISSUE DATE	EXPIRATION DATE	AMOUNT	COVERAGE	LIMITS
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	1,000,000	Auto Coverage	1,000,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	15,000	Medical Payments	15,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	1,000,000	Personal & Adm. Liability	1,000,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	2,000,000	Product/Completed Ops	2,000,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	1,000,000	Contractors	1,000,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	2,000,000	Auto Coverage	2,000,000
B	Commercial General Liability (Sovereign) [X] Occur		BKW11756302382	016516	01/05/17	2,000,000	Auto Coverage	2,000,000
A	Automobile Liability		USA1756302382	016516	01/05/17	1,000,000	Auto Coverage	1,000,000
A	Automobile Liability		USA1756302382	016516	01/05/17	2,000,000	Auto Coverage	2,000,000
A	Automobile Liability		USA1756302382	016516	01/05/17	1,000,000	Auto Coverage	1,000,000
B	Business Income		BKW11756302382	016516	01/05/17	800,000	Business Income	800,000
B	Business Income		BKW11756302382	016516	01/05/17	Sustained	Business Income	Sustained

**CERTIFICATE HOLDER:** University of California Riverside  
 900 University Ave  
 Riverside, CA 92521

**CANCELLATION:** 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:** [Signature]

ACORD 25 (2008/08) The ACORD name and logo are registered marks of ACORD

## A signed W-9

**W-9 Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

**Form W-9 (Rev. December 2014)**  
 Department of the Treasury  
 Internal Revenue Service

Name (print or type your full name, if different from above)  
 Slim Solutions, Inc.

Business name (if different from above)

Check appropriate box for the type of filer or classification, check only one of the following boxes based on:  
 Individual filer  
 Partnership  
 Trust/estate  
 Corporation  
 S Corporation  
 Estate of a decedent  
 Limited liability company (LLC) or other entity that has elected to be treated as an LLC  
 Sole proprietor or single-member LLC  
 Other non-resident alien  
 Other non-qualified trust

4. Exemptions (include applicable box number and amount)  
 Exempt from FATCA reporting code (if any)  
 Exemption from FATCA reporting code (if any)

5. Address (street, street apt. or suite no.)  
 8444 Nancy Ridge Dr  
 S 1500, apt 200  
 San Diego, CA 92121

Requester's name and address (optional)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TIN (taxpayer identification number) (see page 2)

**Part I Taxpayer Identification Number (TIN)**  
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a trustee, if a U.S. employer identifier number (EIN) is provided, it must be entered in the TIN box for a TIN on page 3.  
 Note: If the account is more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**  
 Under penalty of perjury, I certify that:  
 1. The number entered on this form is my correct taxpayer identification number (or an exempt filer number to be used in lieu of a TIN).  
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
 3. I am a U.S. citizen or other U.S. person (defined below); and  
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
 Certification Information: You must check one of items 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.  
 Sign Here: [Signature] Date: 1/20/16

**General Instructions**  
 Section information on the Internal Revenue Code applies otherwise noted.  
 Future developments: Information about developments affecting Form W-9 (such as legislation enacted after we release this version) will be published.

**Purpose of Form**  
 An individual or entity (Form W-9 requested) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), whether taxpayer identification number (TIN), or employer identification number (EIN), to report or otherwise use the amount of payments, or other amount reportable on an information return. Examples of information returns that are not included are:  
 • Form 1099-B (broker's report of proceeds from stocks or mutual funds)  
 • Form 1099-INT (interest paid on bonds, notes, or pass-through securities)  
 • Form 1099-DIV (dividend or interest paid on securities)  
 • Form 1099-MSB (merchant card and certain other transactions)  
 • Form 1099-K (merchant card and certain network bankcards)

• Form 1099-SSA (social security benefits)  
 • Form 1099-C (collection or attachment of secured property)  
 • You do not submit Form W-9 if you are a U.S. person including a resident alien, to provide your correct TIN.  
 • You do not submit Form W-9 if you are a U.S. person who is currently subject to backup withholding. See "Backup Withholding" on page 2.  
 • To agree to the above terms, you are giving us consent for you to use your TIN for a number of purposes.  
 • If you are not subject to backup withholding, or if you are a U.S. person whose TIN is not used to report information returns from which backup withholding is required, you may still want to provide your TIN to the person(s) to whom you are making the payments.  
 • If you are a U.S. person who is not subject to backup withholding, or if you are a U.S. person whose TIN is not used to report information returns from which backup withholding is required, you may still want to provide your TIN to the person(s) to whom you are making the payments.  
 • If you are a U.S. person who is not subject to backup withholding, or if you are a U.S. person whose TIN is not used to report information returns from which backup withholding is required, you may still want to provide your TIN to the person(s) to whom you are making the payments.

OMB No. 1522-0045 Form W-9 (Rev. 12-2014)

## Copy of Current Health Permit

**COUNTY OF LOS ANGELES Public Health**

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES #397

**Public Health Permit**  
 FY 2015/2016  
 Valid Until 6/30/2016

Jeffrey D. Gunzshausser, M.D., M.P.H.  
 Interim Health Officer

PR Number: PR0140580  
 Program ID: 1GDKP32R0X3501085 - A LA CARTE CATERING  
 Description: MOBILE FOOD FACILITY - TRUCK HIGH RISK

Facility Owner - Mail Address  
 A LA CARTE CATERING INC  
 c/o APPEL HERMAN  
 924 W WASHINGTON BLVD  
 LOS ANGELES, CA 90015-3312

Facility Location  
 A LA CARTE CATERING  
 924 W WASHINGTON BLVD  
 LOS ANGELES, CA 90015-3312

VIA

## Copy of Food Safety Handlers Cards

**MAR 11 2015 FOOD WORKERS CERTIFICATE**  
 JULIO CARRAS  
 34937

**MAY 11 2015 FOOD WORKERS CERTIFICATE**  
 JOHANNA R. T. BACTAS  
 41847

**NOV 11 2015 FOOD WORKERS CERTIFICATE**  
 Han Cho  
 34937

**MAY 11 2015 FOOD WORKERS CERTIFICATE**  
 David M. Goodwin  
 34937

**DEC 11 2015 FOOD WORKERS CERTIFICATE**  
 Joel R. Henry  
 41847

## Completion of UCR Business Information Form

**UNIVERSITY OF CALIFORNIA, RIVERSIDE SUPPLIER BUSINESS INFORMATION FORM**

SUPPLIER OF GOODS OR SERVICES ONLY TO be completed by ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH THE UNIVERSITY OF CALIFORNIA, RIVERSIDE (regardless of company, agency, or product offered).

COMPANY NAME: \_\_\_\_\_  
 CONTACT PERSON (include title, if any): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS (if different from street address): \_\_\_\_\_  
 TELEPHONE NO. ( ): \_\_\_\_\_ TOLL FREE NO. ( ): \_\_\_\_\_ FAX NO. ( ): \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ HOME PAGE ADDRESS: \_\_\_\_\_

Are any of the owners or owners' relatives currently employed by the University of California?  
 YES NO If yes, please provide details on an attached sheet (page 2).

FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NUMBER: \_\_\_\_\_ DUN & BRADSTREET NUMBER: \_\_\_\_\_

PRIMARY TYPE OF BUSINESS: BROKER DEALER DISTRIBUTOR  
 MANUFACTURER MANUFACTURER'S AGENT  
 OTHER RETAIL SERVICE WHOLESALE

OTHER PRINCIPAL OWNERS: Name Title Set (M or F) Ethnicity Percent Ownership %

THIS IS A PARENT COMPANY (Name and subsidiaries): \_\_\_\_\_ THIS IS A SUBSIDIARY (Name and location of parent company): \_\_\_\_\_

NUMBER OF AVERAGE ANNUAL YEARS IN BUSINESS (PRIOR 3 YEARS) NET WORTH OF BUSINESS (APPROXIMATE VALUE) NUMBER OF EMPLOYEES (APPROXIMATE)

DESCRIPTION OF PRODUCTS & SERVICES (please include NAICS code if available)

BANK REFERENCE NAME: \_\_\_\_\_ ADDRESS (Number, City, State, Zip): \_\_\_\_\_

CUSTOMER REFERENCES: Name Address Phone Number

PERSONS AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT: Name Title Name Title

INSURANCE: Is your Company Insured? YES NO  
 TYPE OF INSURANCE: General Liability Automobile Liability Workers' Compensation Other  
 Name of insurance broker/provider: \_\_\_\_\_  
 Company's Mailing Address: \_\_\_\_\_

OWNERSHIP OF BUSINESS: (Check One) Corporation Individual/Sole Proprietorship Joint Venture  
 Partnership Foreign Ownership Not for Profit Other