

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1212793

Vendor Name: Chef by Request - CBR Ind.

Invoice Number: E17966

Invoice Date: 04/10/21

PO Number:

Check Number: E0084374

Check Amount: \$ 379.50

Check Date: 04/28/2021

Department ID: 11601

Reviewer Name:

Voucher Number: V0672485

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: McGowan, Ellen <mcgowan@cod.edu>
Sent: Thu Apr 22 12:01:48 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Invoice Chef by Request E17966

Please process the attached invoice/Voucher. Thank you.

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone 630.942.3009
Fax 630.942.3002

[attachment: Chef By Request Inv E17966 04-10-21 w V0672485.pdf]



Voucher V0672485
05-60-11601-5309004
119.50

Event Invoice

COD Boxed Lunches

Saturday, April 10, 2021
E17966

APPROVED

By Ellen McGowan at 5:14 pm, Apr 20, 2021

Client/Organization COD	Event Date 4/10/2021 (Sat)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E17966
Address 425 Fawell Blvd	Booking Contact Hopper, Joe	Site Contact ,	Guests 9 (Pln)	
Booking Email hopper@cod.edu	Theme Boxed Lunch	Coordinator Amanda Ingle	PO #	

AP VERIFIED

04/22/21 - MARIA ZERRUDO

5	Bavarian Ham & Baby Swiss Sandwich @ 11.95	59.75
5	Better Beef & Cheddar Baquette @ 11.95	59.75

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	119.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119.50
Total	119.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119.50

Paid	0.00
Balance	119.50

Pay Method	k, C/C, Or Cash	Card Number	
Card Type			
Card Holder		Expires	
Signature			

Please make all checks payable to:
Chef by Request - 5100 Academy Dr., #200, Lisle, IL 60532

457 Artist Hosp TR21_TEXAS
05-60-11601-5309004
\$119.50

From: [Schoettle, Kari](#)
To: [McGowan, Ellen](#)
Subject: FW: Voucher Confirmation: V0672485
Date: Thursday, April 15, 2021 7:20:54 AM
Attachments: [CBR E17966.pdf](#)
[Texas Tenors Food Wavier 4-11-21 Signed.pdf](#)

-----Original Message-----

From: acctpay@cod.edu <acctpay@cod.edu>
Sent: Thursday, April 15, 2021 7:13 AM
To: Schoettle, Kari <schoettlek@cod.edu>
Subject: Voucher Confirmation: V0672485

Voucher Number V0672485
Voucher Status In Progress (Unfinished)

Requestor Name Kari A. Schoettle

Voucher Date 04/15/21
Due Date 04/15/21
Vendor ID and/or Name 1212793 Chef by Request - CBR Ind.
AP Type IM Invoices <\$15,000
Voucher Total \$119.50

ITEM 1

Item Description Catering lunches Texas Tenors
Quantity 1.000
Price \$119.5000
Extended Price \$119.50
GL Distribution 05-60-11601-5309004
Tax Info

COMMENTS

Catering lunches Texas Tenors
457 Artist Hospitality TR21_TEXAS

APPROVAL

DATE

NEXT APPROVALS

APPROVED

By Ellen McGowan at 5:12 pm, Apr 20, 2021

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 3/30/21

Type of Group: Community
(Faculty/Staff/Student/Community)

Date of Event: 4/11/21

Time of Event: Touring Performance

Name of Group: Chef By Request

Name of Contact Person: Amanda Ingle

Phone Number: 630-630-493-4300

Address: 5100 Academy Drive, STE 200, Lisle, IL 60532

Name & Description of Event: Lunch and dinner for Texas Tenors

Description of Food/Beverage Needs: The performers need dinner.

What portion of the needs listed above can be provided by Dining Services?

None

Explain the reason why Dining Services cannot meet all of your needs:

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles; 1) county health department foodservice establishment permit, 2) state or federal sanitation certification, permit or license, 3) certificate of insurance maintained by the caterer, 4) business license for the caterer, and 5) menu, portion, and pricing quotation for the event. Events exceeding \$2,000 shall require a minimum of three (3) quotations.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs. A copy of the approved waiver form must be submitted with all payment requests. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$100 per event are exempt from food waivers.

Approved: ☒

(For Dining Services Use Only)

Denied: ☐

Comments:

Lynn Konicek approved via email 3.31.21 (attached)

Eason M. Roberts

3.31.2021

Signature of Catering Manager

Signature of Director Business Affairs

8/03

Event Costing Summary

Client/Organization COD	Event Date 4/11/2021 (Sun)	Booking Contact Joe Hopper	Site Contact	Event # E17966
Address 425 Fawell Blvd, Glen Ellyn, IL 60137		Telephone (630) 942-3008	Theme Boxed Lunch	Guests 9 (Pln)
Party Name COD Boxed Lunches	Theme Boxed Lunch	Category Corporate	Coordinator Amanda Ingle	

Summary

SubTotal	158.50	
Total Cost	0.00	0.00 %
Profit	158.50	100.00 %
Total	158.50	

Food/Service Items

Name	Qty	Price	Total	Discount	Subtotal	Cost	Tot Cost	Profit	% Subtotal
Food									
Bavarian Ham & Baby Swiss Sandwicl	5	11.95	59.75	0.00	59.75	0.00	0.00	59.75	0.00 %
Better Beef & Cheddar Baquette	5	11.95	59.75	0.00	59.75	0.00	0.00	59.75	0.00 %
Food Subtotal			119.50	0.00	119.50		0.00	119.50	
Labor									
Corporate Local Disposable Drop Off	1	39.00	39.00	0.00	39.00	0.00	0.00	39.00	0.00 %
Labor Subtotal			39.00	0.00	39.00		0.00	39.00	
Total			158.50	0.00	158.50		0.00	158.50	0.00 %

Event Costing Summary

Client/Organization COD	Event Date 4/11/2021 (Sun)	Booking Contact Joe Hopper	Site Contact Joe Hopper	Event # E17967
Address 425 Fawell Blvd, Glen Ellyn, IL 60137		Telephone (630) 942-3008	Theme Dinner	Guests 9 (Pln)
Party Name COD Individual Dinners	Theme Dinner	Category Corporate	Coordinator Amanda Ingle	

Summary

SubTotal	299.00	
Total Cost	8.50	2.84 %
Profit	290.50	97.16 %
Total	299.00	

Food/Service Items

Name	Qty	Price	Total	Discount	Subtotal	Cost	Tot Cost	Profit	% Subtotal
Food									
Midwest Alfresco Menu	10	21.00	210.00	0.00	210.00	0.00	0.00	210.00	0.00 %
Organic Greens Salad	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Artisan Dinner Roll and Butter Pad	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Amish Thyme Roasted Chicken	5			0.00	0.00	0.00	0.00	0.00	0.00 %
Crusted 5 oz. Filet Mignon	5	2.00	10.00	0.00	10.00	0.00	0.00	10.00	0.00 %
Creamy White Cheddar Cavatappi Mac &	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Saute of French Green Beans	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Chef's Choice of Individually Packaged I	10	2.00	20.00	0.00	20.00	0.00	0.00	20.00	0.00 %
Food Subtotal			240.00	0.00	240.00		0.00	240.00	
Equipment									
>Individual Packaging	10	2.00	20.00	0.00	20.00	0.85	8.50	11.50	2.84 %
Equipment Subtotal			20.00	0.00	20.00		8.50	11.50	
Labor									
Corporate Local Disposable Drop Off	1	39.00	39.00	0.00	39.00	0.00	0.00	39.00	0.00 %
Labor Subtotal			39.00	0.00	39.00		0.00	39.00	
Total			299.00	0.00	299.00		8.50	290.50	2.84 %



THE ARBORETUM VILLAGE

VILLAGE OF LISLE - 925 BURLINGTON AVENUE - LISLE, ILLINOIS 60532

2021 Business License

Non-Transferable

EXPIRES DECEMBER 31, 2021

Christopher Pecak
Mayor

Michael Smetana, AICP
Development Services Director

Business Number: 180

Date Issued: 12/11/2020

Fee: \$ 850.00

Local Name:

CHEF BY REQUEST
5100 ACADEMY DR #200
LISLE IL 60532

Corporate Name:

CBR INDUSTRIES INC
5100 ACADEMY DR # 200
LISLE IL 60532

License #

291
733

License Type:

LIQUOR CLASS 14
CATERER

License Fee:

500.00
125.00



DuPage County Health Department

Environmental Health Services LICENSE/PERMIT

to operate an Annual Category I Food Establishment issued to:

**CHEF BY REQUEST
5100 ACADEMY DR #200
LISLE, IL 60532**

PERMIT NUMBER: PT0002405

EXPIRATION DATE: 4/30/2021

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Karen J. Ayala
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**
Everyone. Everywhere. Everyday



CHEFB-2

OP ID: BK

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 03/29/2021

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 have ADDITIONAL INSURED provisions or 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 Global Risk Services, Ltd. 28365 Davis Parkway Suite 201 Warrenville, IL 60555 George F. Mann IV		630-836-9000		CONTACT NAME: PHONE (A/C, No, Ext): 630-836-9000		FAX (A/C, No): 630-836-9444	
INSURED CBR Industries DBA Chef By Request 5100 Academy Drive # 200 Lisle, IL 60532				E-MAIL ADDRESS:			
				INSURER(S) AFFORDING COVERAGE		NAIC #	
				INSURER A : Hartford Insurance Company		19682	
				INSURER B :			
				INSURER C :			
				INSURER D :			
				INSURER E :			
				INSURER F :			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	83SBAAG2FHE	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			83UECAC0803	04/23/2020	04/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			83SBAAG2FHE	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	83WECAGXBOR	04/23/2020	04/23/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			83SBAAG2FHE	04/23/2020	04/23/2021	**See Below

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

College of Dupage is named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

COLLDUP College of Dupage McAninch Arts Center 425 Fawell Blvd Glen Ellyn, IL 60137		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 George F. Mann IV



Declarations:

Business Liability Coverage Part

Your policy includes the liability coverages listed below. The limits in the right-hand column show the maximum amount we'll pay.

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SL 00 00 10 18	BUSINESS LIABILITY COVERAGE FORM	
	Damage To Premises Rented To You Limit	\$1,000,000
	General Aggregate Limit	\$2,000,000
	Liability and Medical Expenses Limit	\$1,000,000
	Medical Expenses Limit	\$5,000
	Personal and Advertising Injury Limit	\$1,000,000
	Products-Completed Operations Aggregate Limit	\$2,000,000
	Property Damage Liability Deductible	No Deductible
ADDITIONAL BUSINESS LIABILITY COVERAGES		
SL 30 32 10 18	BLANKET ADDITIONAL INSURED BY CONTRACT	Included ¹
SL 30 33 10 18	LIQUOR LIABILITY COVERAGE	
	Aggregate Limit	\$2,000,000
	Each Common Cause Limit	\$1,000,000

¹Included in Business Liability Limit(s)

ALL OTHER BUSINESS LIABILITY FORMS	
Form Number	Form Name
SL 20 54 10 18	EXCLUSION - FUNGI, BACTERIA AND VIRUSES
SL 20 06 10 18	EXCLUSION - NUCLEAR ENERGY LIABILITY
SL 20 12 10 18	EXCLUSION - PLAYGROUND FACILITY
SL 20 78 10 18	EXCLUSION - SILICA - BUSINESS LIABILITY COVERAGE FORM
SL 70 22 10 18	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM - BUSINESS LIABILITY COVERAGE FORM
SL 01 12 10 18	ILLINOIS CHANGES - BUSINESS LIABILITY COVERAGE

BUSINESS LIABILITY COVERAGE PREMIUM:

\$1,248*

* Price is subject to fees and surcharges. For more details, refer to Page 10



Declarations: Other Liability Coverages

Your policy also includes the following additional liability Coverage Parts or policies. Please see the applicable Declaration form for details.

DECLARATION FORM NUMBER	COVERAGE NAME	PREMIUM
SL 55 74 10 18	Employment Practices Liability Insurance	Included
SU 00 05 10 18	Umbrella	\$2,631



Declarations: Common Forms

Your policy includes the Common Forms listed below. These forms apply to all Coverage Parts on your policy.

FORM NUMBER	FORM NAME
SC 00 00 10 18	COMMON POLICY CONDITIONS
SC 00 01 10 18	DECLARATIONS: BUSINESS OWNER'S POLICY
SC 70 00 10 18	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
SC 01 12 10 18	ILLINOIS CHANGES - COMMON POLICY CONDITIONS
SC 50 16 10 18	IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS
SC 90 04 10 18	IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS
100722	INSURANCE POLICY BILLING INFORMATION
SC 50 31 10 18	PRODUCER COMPENSATION NOTICE
SC 00 12 10 18	SPECTRUM BUSINESS OWNER'S POLICY JACKET
SC 00 02 10 18	SPECTRUM SUPPLEMENTAL SCHEDULE OF AUDITABLE COVERAGES
SC 90 16 10 18	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
SC 90 15 10 18	US DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS



Declarations: Other Charges

States laws and regulations may require you to pay taxes, fees, surcharges or other costs. We've listed those charges below

DESCRIPTION	COST
Other Premiums	
Policy Base Premium	\$353
Terrorism Premium	\$121



Declarations: Employment Practices Liability Coverage Part

COVERAGE PROVIDED BY THIS COVERAGE PART IS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO US IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE DEDUCTIBLE. PAYMENTS OF CLAIM EXPENSES ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMITS OF LIABILITY. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. UPON TERMINATION OF THIS COVERAGE PART, EXTENDED REPORTING PERIOD COVERAGE IS AVAILABLE.

This Declarations Page, with Common Policy Conditions, Employment Practices Liability Coverage Form and Endorsements, if any, shall together constitute this Employment Practices Liability Coverage Part, which in turn forms a part of the Policy Number shown below.

The Nuclear Energy Liability Exclusion (Form SL 20 06) of the Policy to which this Coverage Part is attached also applies to this Coverage Part.

Policy Number: 83 SBA AG2FHE

Policy Period

Effective date: 04/23/2020

Expiration date: 04/23/2021

12:01 A.M., Standard time at the address of the named insured as stated herein. 12 noon in New Hampshire.

Insurer:

Hartford Underwriters Insurance Company
One Hartford Plaza, Hartford, CT 06155

Named Insured and Mailing Address:

CBR Industries dba Chef by Request

5100 ACADEMY DR

LISLE, IL 60532-4571

PREMIUM:

Included

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.





CONTINUED

Declarations: Employment Practices Liability Coverage Part

POLICY PERIOD**EFFECTIVE DATE:** 04/23/2020**EXPIRATION DATE:** 04/23/2021

12:01 A.M., Standard time at the address of the named insured as stated herein. Exception: 12 noon in New Hampshire.

LIMITS OF LIABILITY**EACH CLAIM LIMIT:** \$25,000**ANNUAL AGGREGATE LIMIT:** \$25,000**RETROACTIVE DATE:** 04/23/2020

If no date is entered, the Retroactive Date is the same as the effective date of this Coverage Part.

DEDUCTIBLE: \$ Each claim**Form Numbers of Forms and Endorsements that apply:**

FORM NUMBER	FORM NAME
SC 00 00 10 18	COMMON POLICY CONDITIONS
SL 20 06 10 18	EXCLUSION – NUCLEAR ENERGY LIABILITY
SL 55 37 10 18	RETROACTIVE DATE ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SL 55 66 10 18	IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS - EMPLOYMENT PRACTICES LIABILITY
SL 55 74 10 18	DECLARATIONS - EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
SL 55 34 10 18	WAGE AND HOUR CLAIMS EXPENSES - EMPLOYMENT PRACTICES LIABILITY
SL 55 02 10 18	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM (CLAIMS MADE)
SL 55 07 10 18	ILLINOIS CHANGES - EMPLOYMENT PRACTICES LIABILITY
SL 55 36 10 18	THIRD PARTY LIABILITY ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY

Countersigned by:*Suean L. Castaneda*

05/04/2020

Authorized Representative

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



BLANKET ADDITIONAL INSURED BY CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

Except as otherwise stated in this endorsement, the terms and conditions of the Policy apply.

A. The following is added to Section C. WHO IS AN INSURED:

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written contract or written agreement, or when required by a written permit issued by a state or governmental agency or subdivision or political subdivision that such person or organization be added as an additional insured on your Coverage Part, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by any other endorsement issued by us and made a part of this Coverage Part.

The insurance afforded to such additional insured will not be broader than that which you are required by the contract, agreement, or permit to provide for such additional insured.

The insurance afforded to such additional insured only applies to the extent permitted by law.

The limits of insurance that apply to additional insureds are described in Section **D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE**. How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section **E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS**.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or



(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Paragraphs (d) or (f); or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

(1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or

(b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

(1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In connection with your premises; or

(b) In the performance of your ongoing operations performed by you or on your behalf.

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

(a) This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

(i) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(ii) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service.

(b) This insurance does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard".

e. State Or Governmental Agency Or Subdivision Or Political Subdivision Issuing Permit

(1) Any state or governmental agency or subdivision or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or



(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

(1) Any other person or organization who is not in one of the categories or classes listed above in Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In the performance of your ongoing operations performed by you or on your behalf;

(b) In connection with your premises owned by or rented to you; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

(a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(b) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service described in Paragraphs f.(2)(a) or f.(2)(b) above.



LIQUOR LIABILITY COVERAGE

If shown in the Declarations as applicable, the following coverage applies.

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as Named Insured under this Coverage Part. The words "we", "us" and "our" refer to the Company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section **C., WHO IS AN INSURED**.

Other words and phrases that appear in quotation have special meaning. Refer to Section **F., DEFINITIONS**.

A. LIQUOR LIABILITY COVERAGE

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "injury" to which this insurance applies if liability for such "injury" is imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage. We will have the right and duty to defend any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "injury" to which this insurance does not apply.

For the purposes of this insurance, permitting a person to bring alcoholic beverages on your premises, for consumption on your premises, whether or not a fee is charged or a license is required for such activity, is not by itself considered selling, serving or furnishing alcoholic beverages.

We may at our discretion investigate any "injury" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in in Section **D., LIMITS OF INSURANCE**; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided under Paragraph 2., **Coverage Extension - Supplementary Payments**.

- b. This insurance applies to an "injury" only if:

- (1) The "injury" occurs during the policy period in the "coverage territory"; and
- (2) Prior to the policy period, no insured identified in Paragraph 1. of Section **C., WHO IS AN INSURED** and no "employee" authorized by you to give or receive notice of an "injury" or claim, knew that the "injury" had occurred, in whole or in part. If such insured or authorized "employee" knew, prior to the policy period, that the "injury" occurred, then any continuation, change or resumption of such "injury" during or after the policy period will be deemed to have been known prior to the policy period.

- c. "Injury" which occurs during the policy period and was not, prior to the policy period, known to have occurred by an insured listed under Paragraph 1. of Section **C., WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of an "injury" or claim, includes any continuation, change or resumption of that "injury" after the end of the policy period.

- d. "Injury" will be deemed to have been known to have occurred at the earliest time when any insured identified in Paragraph 1. of Section **C., WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of an "injury" or claim:

- (1) Reports all, or any part, of the "injury" to us or any other insurer;
- (2) Receives a written or verbal demand or claim for damages because of the "injury"; or
- (3) Becomes aware by any other means that "injury" has occurred or has begun to occur.

2. Coverage Extension - Supplementary Payments

We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:



- a. All expenses we incur.
- b. The cost of appeal bonds or bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish, finance, arrange for, guarantee, or collateralize these bonds, whether the collateralization is characterized as premium or not.
- c. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to \$250 a day because of time off from work.
- d. All court costs taxed against the insured in the "suit." However, such costs do not include attorney's fees, attorney's expenses, witness or expert fees, or any other expenses of a party taxed against the insured.
- e. Pre-judgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any pre-judgment interest based on that period of time after the offer.
- f. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.
- g. Expenses incurred by the insured for first aid administered to others at the time of an event to which this insurance applies.

Any amounts paid under Paragraphs **a.** through **g.** above will not reduce the Limits of Insurance for Liquor Liability Insurance shown in the Declarations.

B. EXCLUSIONS

This insurance does not apply to:

1. Expected or Intended Injury

"Injury" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

2. Workers' Compensation, Unemployment Compensation, And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

3. Employer's Liability

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

b. This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and

(2) To any obligation to share damages with or repay someone else who must pay damages because of the "injury."

4. Liquor License Not in Effect

"Injury" arising out of any alcoholic beverage sold, served or furnished while any required license is not in effect.

5. Your Product

"Injury" arising out of "your product." This exclusion does not apply to "injury" for which the insured or the insured's indemnitees may be held liable by reason of:

a. Causing or contributing to the intoxication of any person;

b. The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or

c. Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.



6. War

"Injury", however caused, arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by a government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

C. WHO IS AN INSURED

1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business, other than that described in Paragraphs **b.** through **d.** below, of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

2. Each of the following is also an insured:

- a. Your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" is an insured for:

(1) "Injury"

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-"employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business;
- (b) To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of Paragraph **a.(1)** above; or
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the "injury" described in Paragraphs **a.(1)** or **(2)** above.

(2) "Property damage" to property

- (a) Owned, occupied or used by; or
- (b) Rented or loaned

to that "employee", any of your other "employees", by any of your partners or members (if you are a partnership or joint venture), or by any of your members (if you are a limited liability company).

- b. Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

- c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Liquor Liability Insurance.

- 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



- a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
- b. Coverage does not apply to "injury" that occurred before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

D. LIMITS OF INSURANCE

- 1. The Limits of Insurance for Liquor Liability Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits."
- 2. The Aggregate Limit is the most we will pay for all "injuries" as the result of the selling, serving or furnishing of alcoholic beverages.
- 3. Subject to the Aggregate Limit, the Each Common Cause limit is the most we will pay for all "injury" sustained by one or more persons or organizations as the result of the selling, serving or furnishing of any alcoholic beverage to any one person.

The Limits of Insurance for Liquor Liability Insurance apply separately to each consecutive annual policy period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance for Liquor Liability Insurance.

E. LIQUOR LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Injury, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "injury" which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the "injury" took place; and
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any "injury".
- b. If a claim is made or "suit" is brought against any insured, you must:
 - (1) Immediately record the specifics of the claim or "suit" and the date received; and
 - (2) Notify us as soon as practicable.

You must see to it that we receive a written notice of the claim or "suit" as soon as practicable.
- c. You and any other involved insured must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation, settlement or defense of the claim or "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of "injury" or damage to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.



3. Legal Action Against Us

No person or organization has a right under this insurance:

- a. To join us as a party or otherwise bring us into "suit" asking for damages from an insured; or
- b. To sue us under this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this Coverage Part, our obligations, if any, are limited as follows:

a. Primary Insurance

This insurance is primary. Our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method describe in Paragraph **b.** below.

b. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Representations

By accepting this Coverage Part, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this Coverage Part in reliance upon your representations.

6. Separation of Insureds

Except with respect to the Limits of Insurance for Liquor Liability Insurance shown in the Declarations, and any rights or duties specifically assigned to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

7. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

F. DEFINITIONS

1. "Bodily injury" means physical:

- a. Injury;
- b. Sickness; or
- c. Disease

Sustained by a person and, if arising out of the above, mental anguish or death, at any time.

2. "Coverage territory" means:

- a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
- b. International waters or airspace, but only if the "injury" occurs in the course of travel or transportation to or from any place not included in Paragraph **a.** above; or
- c. All parts of the world if the "injury" arises out of:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



- (1) Goods or products sold by you in the territory described in Paragraph a. above; or
- (2) The activities of a person whose home is in the territory described in Paragraph a. above, but is away for a short time on your business

Provided the insured's responsibility to pay damages is determined in the United States of America (including its territories and possessions), Puerto Rico or Canada, in a "suit" on the merits according to the substantive law in such territory, or in a settlement we agree to.

- 3. "Electronic data" means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of "electronic data", means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.
- 4. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- 5. "Executive Officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
- 6. "Injury" means damages because of "bodily injury" and "property damage," including damages for care, loss of service or loss of support.
- 7. "Leased Worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- 8. "Property damage" means:
 - a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of physical injury that caused it; or
 - b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the occurrence that caused it.As used in this definition, "electronic data" is not tangible property.
- 9. "Suit" means a civil proceeding in which damages because of "injury" to which this insurance applies are alleged. "Suit" includes:
 - a. An arbitration proceeding in which such damages are claimed and to which you must submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which you must submit with our consent.
- 10. "Temporary Worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- 11. "Your Product":
 - a. Means:
 - (1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
 - (a) You;
 - (b) Others trading under your name; or
 - (c) A person or organization whose business or assets you have acquired; and
 - (2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.
 - b. Includes:
 - (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product", and
 - (2) The providing of or failure to provide warnings or instructions.
 - c. Does not include vending machines or other property rented to or located for the use of others but not sold.



6751 Forum Drive, Suite 220, Orlando, FL 32821
P (800) 446-0257 F (407) 352-3603 www.NRFSP.com
National Registry of Food Safety Professionals®

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS®

CERTIFIES

ALBERT J SHELTON

**HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR THE
FOOD SAFETY MANAGER
UNDER THE
CONFERENCE FOR FOOD PROTECTION STANDARDS**

PRESIDENT:

LAWRENCE J. LYNCH, CAE

**ISSUE DATE: AUGUST 17, 2017
EXPIRATION DATE: AUGUST 17, 2022
CERTIFICATE No: 21379198
TEST FORM: EXE68**

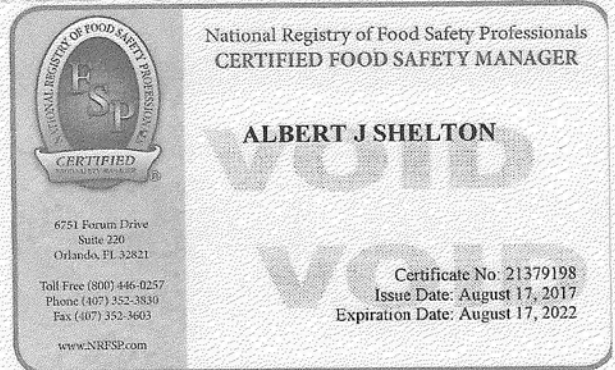
This certificate is not valid for more
than five years from date of issue.

Notification of Test Result

ID#: xxx-xx-
Scaled Test Score: 96
Candidate Status: Pass
Test Date: August 17, 2017

Congratulations! Attached is your certificate and wallet card. Please notify
the National Registry of name or address changes at the address below.

Preventing Contamination and Cross Contamination (*Mastered*)
Ensuring Personal Hygiene and Employee Health (*Mastered*)
Actively Managing Controls in a Food Establishment (*Competent*)
Monitoring the Flow of Foods (*Mastered*)
Ensuring Product Time and Temperature (*Mastered*)
Conducting Cleaning and Sanitizing (*Mastered*)
Physical Facility Design & Maintenance: Preventing & Controlling Pests (*Mastered*)



**ALBERT J SHELTON
2956 DIANE DR
AURORA, IL 60504**

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1212793

Vendor Name: Chef by Request - CBR Ind.

Invoice Number: E17967

Invoice Date: 04/10/21

PO Number:

Check Number: E0084374

Check Amount: \$ 379.50

Check Date: 04/28/2021

Department ID: 11601

Reviewer Name:

Voucher Number: V0672486

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Fri Apr 23 09:48:47 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: invoices scanned

From: McGowan, Ellen <mcgowan@cod.edu>
Sent: Friday, April 23, 2021 9:45 AM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: RE: invoices scanned

Try opening it from this email. Does that work?

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone 630.942.3009
Fax 630.942.3002

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thursday, April 22, 2021 5:31 PM
To: McGowan, Ellen <mcgowan@cod.edu>
Subject: RE: invoices scanned

Hi Ellen,

Can you resend Chef by request in the amount of \$260.00? Still can't open
Can you forward it as a pdf

Thanks

Marivic Zerrudo
Accounts Payable Team Leader
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-2601 | zerrudom@cod.edu

From: McGowan, Ellen <mcgowan@cod.edu>
Sent: Wednesday, April 21, 2021 8:07 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: RE: invoices scanned

I only sent two Chef by Requests yesterday.
I've never sent to Image Now before. I'll see if I can do it tomorrow.

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone 630.942.3009
Fax 630.942.3002

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Wednesday, April 21, 2021 11:27 AM
To: McGowan, Ellen <mcgowan@cod.edu>
Subject: invoices scanned

Hi Ellen,

You scanned 3 invoices at about 17 hours ago, please re-scan these in Perceptive as PDF.

I can't open the file you sent so I don't know the vendor names.

thanks

Marivic Zerrudo
Accounts Payable Team Leader
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-2601 | zerrudom@cod.edu

[attachment: Chef By Request Inv E17967 04-10-21 w V0672486 2.pdf]

Voucher V0672486
260.00
05-60-11601-5309004



APPROVED

By Ellen McGowan at 5:22 pm, Apr 20, 2021

Event Invoice
COD Individual Dinners
Saturday, April 10, 2021
E17967

Client/Organization COD	Event Date 4/10/2021 (Sat)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E17967
Address 425 Fawell Blvd	Booking Contact Hopper, Joe	Site Contact Hopper, Joe	Guests 9 (Pln)	

Booking Email hopper@cod.edu	Theme Dinner	Coordinator Amenda Ingle	PO #
---------------------------------	-----------------	-----------------------------	------

AP VERIFIED
04/23/21 - MARIA ZERRUDO

10	Midwest Alfresco Menu @ 21.00	210.00
10	>Individual Packaging @ 2.00	20.00
5	Crusted 5 oz. Filet Mignon @ 2.00	10.00
10	Chef's Choice of Individually Packaged Desserts @ 2.00	20.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	240.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	260.00
Total	240.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	260.00

Paid	0.00
Balance	260.00

Pay Method	k, C/C, Or Cash	Card Number	
Card Type			
Card Holder		Expires	
Signature			

Please make all checks payable to.
Chef by Request - 5100 Academy Dr., #200, Lisle, IL 60532

457 Artist Hosp TR21_TEXAS
05-60-11601-5309004
\$260.00

From: [Schoettle, Kari](#)
To: [McGowan, Ellen](#)
Subject: FW: Voucher Confirmation: V0672486
Date: Thursday, April 15, 2021 7:21:25 AM
Attachments: [CBR E17967.pdf](#)
[Texas Tenors Food Wavier 4-11-21 Signed.pdf](#)

-----Original Message-----

From: acctpay@cod.edu <acctpay@cod.edu>
Sent: Thursday, April 15, 2021 7:16 AM
To: Schoettle, Kari <schoettlek@cod.edu>
Subject: Voucher Confirmation: V0672486

Voucher Number V0672486
Voucher Status In Progress (Unfinished)

Requestor Name Kari A. Schoettle

Voucher Date 04/15/21
Due Date 04/15/21
Vendor ID and/or Name 1212793 Chef by Request - CBR Ind.
AP Type IM Invoices <\$15,000
Voucher Total \$260.00

ITEM 1

Item Description Catering dinners Texas Tenors
Quantity 1.000
Price \$260.0000
Extended Price \$260.00
GL Distribution 05-60-11601-5309004
Tax Info

COMMENTS

Catering dinners Texas Tenors
457 Artist Hospitality TR21_TEXAS

APPROVAL

DATE

NEXT APPROVALS

APPROVED

By Ellen McGowan at 5:24 pm, Apr 20, 2021

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 3/30/21

Type of Group: Community
(Faculty/Staff/Student/Community)

Date of Event: 4/11/21

Time of Event: Touring Performance

Name of Group: Chef By Request

Name of Contact Person: Amanda Ingle

Phone Number: 630-630-493-4300

Address: 5100 Academy Drive, STE 200, Lisle, IL 60532

Name & Description of Event: Lunch and dinner for Texas Tenors

Description of Food/Beverage Needs: The performers need dinner.

What portion of the needs listed above can be provided by Dining Services?

None

Explain the reason why Dining Services cannot meet all of your needs:

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles; 1) county health department foodservice establishment permit, 2) state or federal sanitation certification, permit or license, 3) certificate of insurance maintained by the caterer, 4) business license for the caterer, and 5) menu, portion, and pricing quotation for the event. Events exceeding \$2,000 shall require a minimum of three (3) quotations.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs. A copy of the approved waiver form must be submitted with all payment requests. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$100 per event are exempt from food waivers.

Approved: ☒ (For Dining Services Use Only)

Denied: ☐

Comments:

Lynn Konicek approved via email 3.31.21 (attached)

Eason M. Roberts

3.31.2021

Signature of Catering Manager

Signature of Director Business Affairs

8/03

Event Costing Summary

Client/Organization COD	Event Date 4/11/2021 (Sun)	Booking Contact Joe Hopper	Site Contact	Event # E17966
Address 425 Fawell Blvd, Glen Ellyn, IL 60137		Telephone (630) 942-3008	Theme Boxed Lunch	Guests 9 (Pln)
Party Name COD Boxed Lunches	Theme Boxed Lunch	Category Corporate	Coordinator Amanda Ingle	

Summary

SubTotal	158.50	
Total Cost	0.00	0.00 %
Profit	158.50	100.00 %
Total	158.50	

Food/Service Items

Name	Qty	Price	Total	Discount	Subtotal	Cost	Tot Cost	Profit	% Subtotal
Food									
Bavarian Ham & Baby Swiss Sandwicl	5	11.95	59.75	0.00	59.75	0.00	0.00	59.75	0.00 %
Better Beef & Cheddar Baquette	5	11.95	59.75	0.00	59.75	0.00	0.00	59.75	0.00 %
Food Subtotal			119.50	0.00	119.50		0.00	119.50	
Labor									
Corporate Local Disposable Drop Off	1	39.00	39.00	0.00	39.00	0.00	0.00	39.00	0.00 %
Labor Subtotal			39.00	0.00	39.00		0.00	39.00	
Total			158.50	0.00	158.50		0.00	158.50	0.00 %

Event Costing Summary

Client/Organization COD	Event Date 4/11/2021 (Sun)	Booking Contact Joe Hopper	Site Contact Joe Hopper	Event # E17967
Address 425 Fawell Blvd, Glen Ellyn, IL 60137		Telephone (630) 942-3008	Theme Dinner	Guests 9 (Pln)
Party Name COD Individual Dinners	Theme Dinner	Category Corporate	Coordinator Amanda Ingle	

Summary

SubTotal	299.00	
Total Cost	8.50	2.84 %
Profit	290.50	97.16 %
Total	299.00	

Food/Service Items

Name	Qty	Price	Total	Discount	Subtotal	Cost	Tot Cost	Profit	% Subtotal
Food									
Midwest Alfresco Menu	10	21.00	210.00	0.00	210.00	0.00	0.00	210.00	0.00 %
Organic Greens Salad	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Artisan Dinner Roll and Butter Pad	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Amish Thyme Roasted Chicken	5			0.00	0.00	0.00	0.00	0.00	0.00 %
Crusted 5 oz. Filet Mignon	5	2.00	10.00	0.00	10.00	0.00	0.00	10.00	0.00 %
Creamy White Cheddar Cavatappi Mac &	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Saute of French Green Beans	10			0.00	0.00	0.00	0.00	0.00	0.00 %
Chef's Choice of Individually Packaged I	10	2.00	20.00	0.00	20.00	0.00	0.00	20.00	0.00 %
Food Subtotal			240.00	0.00	240.00		0.00	240.00	
Equipment									
>Individual Packaging	10	2.00	20.00	0.00	20.00	0.85	8.50	11.50	2.84 %
Equipment Subtotal			20.00	0.00	20.00		8.50	11.50	
Labor									
Corporate Local Disposable Drop Off	1	39.00	39.00	0.00	39.00	0.00	0.00	39.00	0.00 %
Labor Subtotal			39.00	0.00	39.00		0.00	39.00	
Total			299.00	0.00	299.00		8.50	290.50	2.84 %



THE ARBORETUM VILLAGE

VILLAGE OF LISLE - 925 BURLINGTON AVENUE - LISLE, ILLINOIS 60532

2021 Business License

Non-Transferable

EXPIRES DECEMBER 31, 2021

Christopher Pecak
Mayor

Michael Smetana, AICP
Development Services Director

Business Number: 180

Date Issued: 12/11/2020

Fee: \$ 850.00

Local Name:

CHEF BY REQUEST
5100 ACADEMY DR #200
LISLE IL 60532

Corporate Name:

CBR INDUSTRIES INC
5100 ACADEMY DR # 200
LISLE IL 60532

License #

291
733

License Type:

LIQUOR CLASS 14
CATERER

License Fee:

500.00
125.00



DuPage County Health Department

Environmental Health Services LICENSE/PERMIT

to operate an Annual Category I Food Establishment issued to:

**CHEF BY REQUEST
5100 ACADEMY DR #200
LISLE, IL 60532**

PERMIT NUMBER: PT0002405

EXPIRATION DATE: 4/30/2021

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Karen J. Ayala
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**
Everyone. Everywhere. Everyday



CHEFB-2

OP ID: BK

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 03/29/2021

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 have ADDITIONAL INSURED provisions or 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 Global Risk Services, Ltd. 28365 Davis Parkway Suite 201 Warrenville, IL 60555 George F. Mann IV		630-836-9000		CONTACT NAME: PHONE (A/C, No, Ext): 630-836-9000		FAX (A/C, No): 630-836-9444	
INSURED CBR Industries DBA Chef By Request 5100 Academy Drive # 200 Lisle, IL 60532				E-MAIL ADDRESS:			
				INSURER(S) AFFORDING COVERAGE		NAIC #	
				INSURER A : Hartford Insurance Company		19682	
				INSURER B :			
				INSURER C :			
				INSURER D :			
				INSURER E :			
				INSURER F :			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	83SBAAG2FHE	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			83UECAC0803	04/23/2020	04/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			83SBAAG2FHE	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	83WECAGXBOR	04/23/2020	04/23/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			83SBAAG2FHE	04/23/2020	04/23/2021	**See Below

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

College of Dupage is named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

COLLDUP College of Dupage McAninch Arts Center 425 Fawell Blvd Glen Ellyn, IL 60137		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 George F. Mann IV



Declarations: Business Liability Coverage Part

Your policy includes the liability coverages listed below. The limits in the right-hand column show the maximum amount we'll pay.

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SL 00 00 10 18	BUSINESS LIABILITY COVERAGE FORM	
	Damage To Premises Rented To You Limit	\$1,000,000
	General Aggregate Limit	\$2,000,000
	Liability and Medical Expenses Limit	\$1,000,000
	Medical Expenses Limit	\$5,000
	Personal and Advertising Injury Limit	\$1,000,000
	Products-Completed Operations Aggregate Limit	\$2,000,000
	Property Damage Liability Deductible	No Deductible
ADDITIONAL BUSINESS LIABILITY COVERAGES		
SL 30 32 10 18	BLANKET ADDITIONAL INSURED BY CONTRACT	Included ¹
SL 30 33 10 18	LIQUOR LIABILITY COVERAGE	
	Aggregate Limit	\$2,000,000
	Each Common Cause Limit	\$1,000,000

¹Included in Business Liability Limit(s)

ALL OTHER BUSINESS LIABILITY FORMS	
Form Number	Form Name
SL 20 54 10 18	EXCLUSION - FUNGI, BACTERIA AND VIRUSES
SL 20 06 10 18	EXCLUSION - NUCLEAR ENERGY LIABILITY
SL 20 12 10 18	EXCLUSION - PLAYGROUND FACILITY
SL 20 78 10 18	EXCLUSION - SILICA - BUSINESS LIABILITY COVERAGE FORM
SL 70 22 10 18	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM - BUSINESS LIABILITY COVERAGE FORM
SL 01 12 10 18	ILLINOIS CHANGES - BUSINESS LIABILITY COVERAGE

BUSINESS LIABILITY COVERAGE PREMIUM:

\$1,248*

* Price is subject to fees and surcharges. For more details, refer to Page 10



Declarations: Other Liability Coverages

Your policy also includes the following additional liability Coverage Parts or policies. Please see the applicable Declaration form for details.

DECLARATION FORM NUMBER	COVERAGE NAME	PREMIUM
SL 55 74 10 18	Employment Practices Liability Insurance	Included
SU 00 05 10 18	Umbrella	\$2,631



Declarations: Common Forms

Your policy includes the Common Forms listed below. These forms apply to all Coverage Parts on your policy.

FORM NUMBER	FORM NAME
SC 00 00 10 18	COMMON POLICY CONDITIONS
SC 00 01 10 18	DECLARATIONS: BUSINESS OWNER'S POLICY
SC 70 00 10 18	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
SC 01 12 10 18	ILLINOIS CHANGES - COMMON POLICY CONDITIONS
SC 50 16 10 18	IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS
SC 90 04 10 18	IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS
100722	INSURANCE POLICY BILLING INFORMATION
SC 50 31 10 18	PRODUCER COMPENSATION NOTICE
SC 00 12 10 18	SPECTRUM BUSINESS OWNER'S POLICY JACKET
SC 00 02 10 18	SPECTRUM SUPPLEMENTAL SCHEDULE OF AUDITABLE COVERAGES
SC 90 16 10 18	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
SC 90 15 10 18	US DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS



Declarations: Other Charges

States laws and regulations may require you to pay taxes, fees, surcharges or other costs. We've listed those charges below

DESCRIPTION	COST
Other Premiums	
Policy Base Premium	\$353
Terrorism Premium	\$121



Declarations: Employment Practices Liability Coverage Part

COVERAGE PROVIDED BY THIS COVERAGE PART IS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO US IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE DEDUCTIBLE. PAYMENTS OF CLAIM EXPENSES ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMITS OF LIABILITY. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. UPON TERMINATION OF THIS COVERAGE PART, EXTENDED REPORTING PERIOD COVERAGE IS AVAILABLE.

This Declarations Page, with Common Policy Conditions, Employment Practices Liability Coverage Form and Endorsements, if any, shall together constitute this Employment Practices Liability Coverage Part, which in turn forms a part of the Policy Number shown below.

The Nuclear Energy Liability Exclusion (Form SL 20 06) of the Policy to which this Coverage Part is attached also applies to this Coverage Part.

Policy Number: 83 SBA AG2FHE

Policy Period

Effective date: 04/23/2020

Expiration date: 04/23/2021

12:01 A.M., Standard time at the address of the named insured as stated herein. 12 noon in New Hampshire.

Insurer:

Hartford Underwriters Insurance Company
One Hartford Plaza, Hartford, CT 06155

Named Insured and Mailing Address:

CBR Industries dba Chef by Request

5100 ACADEMY DR

LISLE, IL 60532-4571

PREMIUM:

Included

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.





CONTINUED

Declarations: Employment Practices Liability Coverage Part

POLICY PERIOD**EFFECTIVE DATE:** 04/23/2020**EXPIRATION DATE:** 04/23/2021

12:01 A.M., Standard time at the address of the named insured as stated herein. Exception: 12 noon in New Hampshire.

LIMITS OF LIABILITY**EACH CLAIM LIMIT:** \$25,000**ANNUAL AGGREGATE LIMIT:** \$25,000**RETROACTIVE DATE:** 04/23/2020

If no date is entered, the Retroactive Date is the same as the effective date of this Coverage Part.

DEDUCTIBLE: \$ Each claim**Form Numbers of Forms and Endorsements that apply:**

FORM NUMBER	FORM NAME
SC 00 00 10 18	COMMON POLICY CONDITIONS
SL 20 06 10 18	EXCLUSION – NUCLEAR ENERGY LIABILITY
SL 55 37 10 18	RETROACTIVE DATE ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SL 55 66 10 18	IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS - EMPLOYMENT PRACTICES LIABILITY
SL 55 74 10 18	DECLARATIONS - EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
SL 55 34 10 18	WAGE AND HOUR CLAIMS EXPENSES - EMPLOYMENT PRACTICES LIABILITY
SL 55 02 10 18	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM (CLAIMS MADE)
SL 55 07 10 18	ILLINOIS CHANGES - EMPLOYMENT PRACTICES LIABILITY
SL 55 36 10 18	THIRD PARTY LIABILITY ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY

Countersigned by:*Suean L. Castaneda*

05/04/2020

Authorized Representative

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



BLANKET ADDITIONAL INSURED BY CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

Except as otherwise stated in this endorsement, the terms and conditions of the Policy apply.

A. The following is added to Section C. WHO IS AN INSURED:

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written contract or written agreement, or when required by a written permit issued by a state or governmental agency or subdivision or political subdivision that such person or organization be added as an additional insured on your Coverage Part, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by any other endorsement issued by us and made a part of this Coverage Part.

The insurance afforded to such additional insured will not be broader than that which you are required by the contract, agreement, or permit to provide for such additional insured.

The insurance afforded to such additional insured only applies to the extent permitted by law.

The limits of insurance that apply to additional insureds are described in Section **D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE**. How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section **E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS**.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or



(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- (i) The exceptions contained in Paragraphs (d) or (f); or
- (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

(1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

- (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
- (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

(1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- (a) In connection with your premises; or
- (b) In the performance of your ongoing operations performed by you or on your behalf.

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

(a) This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

- (i) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (ii) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service.

(b) This insurance does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard".

e. State Or Governmental Agency Or Subdivision Or Political Subdivision Issuing Permit

(1) Any state or governmental agency or subdivision or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

- (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or



(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

(1) Any other person or organization who is not in one of the categories or classes listed above in Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In the performance of your ongoing operations performed by you or on your behalf;

(b) In connection with your premises owned by or rented to you; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

(a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(b) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service described in Paragraphs f.(2)(a) or f.(2)(b) above.



LIQUOR LIABILITY COVERAGE

If shown in the Declarations as applicable, the following coverage applies.

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as Named Insured under this Coverage Part. The words "we", "us" and "our" refer to the Company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section **C., WHO IS AN INSURED**.

Other words and phrases that appear in quotation have special meaning. Refer to Section **F., DEFINITIONS**.

A. LIQUOR LIABILITY COVERAGE

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "injury" to which this insurance applies if liability for such "injury" is imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage. We will have the right and duty to defend any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "injury" to which this insurance does not apply.

For the purposes of this insurance, permitting a person to bring alcoholic beverages on your premises, for consumption on your premises, whether or not a fee is charged or a license is required for such activity, is not by itself considered selling, serving or furnishing alcoholic beverages.

We may at our discretion investigate any "injury" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in in Section **D., LIMITS OF INSURANCE**; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided under Paragraph 2., **Coverage Extension - Supplementary Payments**.

- b. This insurance applies to an "injury" only if:

- (1) The "injury" occurs during the policy period in the "coverage territory"; and
- (2) Prior to the policy period, no insured identified in Paragraph 1. of Section **C., WHO IS AN INSURED** and no "employee" authorized by you to give or receive notice of an "injury" or claim, knew that the "injury" had occurred, in whole or in part. If such insured or authorized "employee" knew, prior to the policy period, that the "injury" occurred, then any continuation, change or resumption of such "injury" during or after the policy period will be deemed to have been known prior to the policy period.

- c. "Injury" which occurs during the policy period and was not, prior to the policy period, known to have occurred by an insured listed under Paragraph 1. of Section **C., WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of an "injury" or claim, includes any continuation, change or resumption of that "injury" after the end of the policy period.

- d. "Injury" will be deemed to have been known to have occurred at the earliest time when any insured identified in Paragraph 1. of Section **C., WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of an "injury" or claim:

- (1) Reports all, or any part, of the "injury" to us or any other insurer;
- (2) Receives a written or verbal demand or claim for damages because of the "injury"; or
- (3) Becomes aware by any other means that "injury" has occurred or has begun to occur.

2. Coverage Extension - Supplementary Payments

We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:



- a. All expenses we incur.
- b. The cost of appeal bonds or bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish, finance, arrange for, guarantee, or collateralize these bonds, whether the collateralization is characterized as premium or not.
- c. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to \$250 a day because of time off from work.
- d. All court costs taxed against the insured in the "suit." However, such costs do not include attorney's fees, attorney's expenses, witness or expert fees, or any other expenses of a party taxed against the insured.
- e. Pre-judgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any pre-judgment interest based on that period of time after the offer.
- f. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.
- g. Expenses incurred by the insured for first aid administered to others at the time of an event to which this insurance applies.

Any amounts paid under Paragraphs **a.** through **g.** above will not reduce the Limits of Insurance for Liquor Liability Insurance shown in the Declarations.

B. EXCLUSIONS

This insurance does not apply to:

1. Expected or Intended Injury

"Injury" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

2. Workers' Compensation, Unemployment Compensation, And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

3. Employer's Liability

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

b. This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and

(2) To any obligation to share damages with or repay someone else who must pay damages because of the "injury."

4. Liquor License Not in Effect

"Injury" arising out of any alcoholic beverage sold, served or furnished while any required license is not in effect.

5. Your Product

"Injury" arising out of "your product." This exclusion does not apply to "injury" for which the insured or the insured's indemnitees may be held liable by reason of:

a. Causing or contributing to the intoxication of any person;

b. The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or

c. Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.



6. War

"Injury", however caused, arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by a government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

C. WHO IS AN INSURED

1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business, other than that described in Paragraphs b. through d. below, of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

2. Each of the following is also an insured:

- a. Your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" is an insured for:

(1) "Injury"

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-"employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business;
- (b) To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of Paragraph a.(1) above; or
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the "injury" described in Paragraphs a.(1) or (2) above.

(2) "Property damage" to property

- (a) Owned, occupied or used by; or
- (b) Rented or loaned

to that "employee", any of your other "employees", by any of your partners or members (if you are a partnership or joint venture), or by any of your members (if you are a limited liability company).

- b. Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

- c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Liquor Liability Insurance.

- 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



- a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
- b. Coverage does not apply to "injury" that occurred before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

D. LIMITS OF INSURANCE

- 1. The Limits of Insurance for Liquor Liability Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits."
- 2. The Aggregate Limit is the most we will pay for all "injuries" as the result of the selling, serving or furnishing of alcoholic beverages.
- 3. Subject to the Aggregate Limit, the Each Common Cause limit is the most we will pay for all "injury" sustained by one or more persons or organizations as the result of the selling, serving or furnishing of any alcoholic beverage to any one person.

The Limits of Insurance for Liquor Liability Insurance apply separately to each consecutive annual policy period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance for Liquor Liability Insurance.

E. LIQUOR LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Injury, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "injury" which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the "injury" took place; and
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any "injury".
- b. If a claim is made or "suit" is brought against any insured, you must:
 - (1) Immediately record the specifics of the claim or "suit" and the date received; and
 - (2) Notify us as soon as practicable.

You must see to it that we receive a written notice of the claim or "suit" as soon as practicable.
- c. You and any other involved insured must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation, settlement or defense of the claim or "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of "injury" or damage to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.



3. Legal Action Against Us

No person or organization has a right under this insurance:

- a. To join us as a party or otherwise bring us into "suit" asking for damages from an insured; or
- b. To sue us under this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this Coverage Part, our obligations, if any, are limited as follows:

a. Primary Insurance

This insurance is primary. Our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method describe in Paragraph **b.** below.

b. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Representations

By accepting this Coverage Part, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this Coverage Part in reliance upon your representations.

6. Separation of Insureds

Except with respect to the Limits of Insurance for Liquor Liability Insurance shown in the Declarations, and any rights or duties specifically assigned to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

7. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

F. DEFINITIONS

1. "Bodily injury" means physical:

- a. Injury;
- b. Sickness; or
- c. Disease

Sustained by a person and, if arising out of the above, mental anguish or death, at any time.

2. "Coverage territory" means:

- a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
- b. International waters or airspace, but only if the "injury" occurs in the course of travel or transportation to or from any place not included in Paragraph **a.** above; or
- c. All parts of the world if the "injury" arises out of:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



- (1) Goods or products sold by you in the territory described in Paragraph a. above; or
- (2) The activities of a person whose home is in the territory described in Paragraph a. above, but is away for a short time on your business

Provided the insured's responsibility to pay damages is determined in the United States of America (including its territories and possessions), Puerto Rico or Canada, in a "suit" on the merits according to the substantive law in such territory, or in a settlement we agree to.

- 3. "Electronic data" means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of "electronic data", means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.
- 4. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- 5. "Executive Officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
- 6. "Injury" means damages because of "bodily injury" and "property damage," including damages for care, loss of service or loss of support.
- 7. "Leased Worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- 8. "Property damage" means:
 - a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of physical injury that caused it; or
 - b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the occurrence that caused it.As used in this definition, "electronic data" is not tangible property.
- 9. "Suit" means a civil proceeding in which damages because of "injury" to which this insurance applies are alleged. "Suit" includes:
 - a. An arbitration proceeding in which such damages are claimed and to which you must submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which you must submit with our consent.
- 10. "Temporary Worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- 11. "Your Product":
 - a. Means:
 - (1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
 - (a) You;
 - (b) Others trading under your name; or
 - (c) A person or organization whose business or assets you have acquired; and
 - (2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.
 - b. Includes:
 - (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product", and
 - (2) The providing of or failure to provide warnings or instructions.
 - c. Does not include vending machines or other property rented to or located for the use of others but not sold.



6751 Forum Drive, Suite 220, Orlando, FL 32821
P (800) 446-0257 F (407) 352-3603 www.NRFSP.com
National Registry of Food Safety Professionals®

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS®

CERTIFIES

ALBERT J SHELTON

**HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR THE
FOOD SAFETY MANAGER
UNDER THE
CONFERENCE FOR FOOD PROTECTION STANDARDS**

PRESIDENT:

LAWRENCE J. LYNCH, CAE

**ISSUE DATE: AUGUST 17, 2017
EXPIRATION DATE: AUGUST 17, 2022
CERTIFICATE No: 21379198
TEST FORM: EXE68**

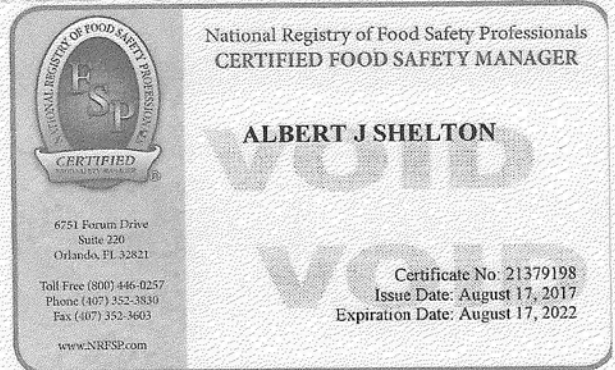
This certificate is not valid for more
than five years from date of issue.

Notification of Test Result

ID#: xxx-xx-
Scaled Test Score: 96
Candidate Status: Pass
Test Date: August 17, 2017

Congratulations! Attached is your certificate and wallet card. Please notify
the National Registry of name or address changes at the address below.

Preventing Contamination and Cross Contamination (*Mastered*)
Ensuring Personal Hygiene and Employee Health (*Mastered*)
Actively Managing Controls in a Food Establishment (*Competent*)
Monitoring the Flow of Foods (*Mastered*)
Ensuring Product Time and Temperature (*Mastered*)
Conducting Cleaning and Sanitizing (*Mastered*)
Physical Facility Design & Maintenance: Preventing & Controlling Pests (*Mastered*)



**ALBERT J SHELTON
2956 DIANE DR
AURORA, IL 60504**