

CULTIVATED SAMPLING FORM

This information includes the sampling guidelines, link to the sampling form and COI requirements.

DUE DATE: May 23, 2024

NON-ALCOHOLIC BEVERAGES

1 DO YOU QUALIFY?

Are you the Manufacturer or Distributor?

Show Management of expositions and trade shows, and/or their exhibitors, may distribute samples of non-alcoholic beverage products only upon written authorization and adherence.

ITEMS DISPENSED ARE LIMITED TO PRODUCTS
**MANUFACTURED, PROCESSED OR
DISTRIBUTED BY EXHIBITING COMPANIES.**

3 STORAGE, DELIVERY & SHIPPING

Non-Alcoholic products may be hand-carried. If package exceeds hand carry size, you may coordinate shipping to the show's general contractor or ship to CULTIVATED at **655 West 34th St New York, NY 10001** for UPS/FEDX/USPS shipment and **369 12th Ave New York, NY 10001** for distribution companies. Please label as **"Attention CULTIVATED + Show name +Company name/Shipper."**

Storage space is limited and is subject to availability. Please contact a catering sales lead to arrange storage and deliveries.

Applicable Fees:

One-Time Receiving/Handling Fee:
\$250.00

Cold/Dry Storage: **\$150.00 per day,
per pallet**

Delivery Fee: **\$50.00 per delivery**

5 PAPERWORK SUBMISSION

RETURN TO CULTIVATED
Sampling Authorization
Form & Certificate of
Insurance [LINK HERE!](#)

2 SIZE RESTRICTIONS

All items are limited to a SAMPLE SIZE and must be dispensed/distributed in accordance to Health Codes

NON-ALCOHOLIC BEVERAGES SAMPLING SIZES

Maximum of 4 oz. in a cup. No cans or bottles will be permitted.

Beverage products brought on the premises for consumption that do not fall within the sampling parameters require discussion with the CULTIVATED team for further review + consideration.

For larger serving sizes, please consult with your catering sales lead or potential buy-out option.

4 ADDITIONAL SERVICES

Support Staff Available:

Staffing Rates: \$256 per five (5) hours.
Five (5) hour minimum. \$88 for each
additional hour after the first 5.

Steward/Dishwasher Rates: \$256 per
five (5) hours. Five (5) hour minimum. \$88
for each additional hour after the first 5.

Other available products & services:

- Equipment rental
- Smallwares rental
- Serving vessels
- Ice
- Disposable supplies

Note: Please reach out to your catering sales lead to avail these added services and products.

OR USE QR CODE



CULTIVATED

SAMPLE COI

CERTIFICATE OF INSURANCE

EXHIBITING FIRM MUST PROVIDE LEVY WITH A CERTIFICATE OF INSURANCE .

Please review the attached sample for clear instructions

CERTIFICATE OF INSURANCE			ISSUE DATE		
PRODUCER NAME		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
COMPANIES AFFORDING COVERAGE					
INSURED Third - Party Concessionaire No Alcohol Service		COMPANY LETTER	A Center with at least A Best rating & VII Financial Size		
		COMPANY LETTER	B		
		COMPANY LETTER	C		
		COMPANY LETTER	D		
		COMPANY LETTER	E		
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES 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.					
CD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	12345			GENERAL AGGREGATE \$ 2000000 PRODUCTS-COMPROP AGG \$ PERSONAL AND INJURY \$ EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one loss) \$ MED EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY OTHER	12345			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	12345			STATUTORY LIMITS EACH ACCIDENT \$ 500000 DISEASE-POLICY LIMIT \$ 500000 DISEASE EACH EMPLOYEE \$ 500000
DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES/SPECIAL ITEMS The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages. Coverage shall be primary and non-contributory to other insurance available to Levy and shall include a waiver of the insurer's right to recovery or subrogation against Levy. Each policy shall require that thirty (30) days prior to the cancellation or non-payment of the policy, written notice is provided to Levy. The "Additional Insureds" are a list of legal entities for both our company and the building owner that are specific to your location. If the "Additional Insureds" are on a second page, it is critical that this section reflects the existence of the "Additional Insureds" page. Either the front of the certificate or the attachment must acknowledge the paragraph as "Additional Insureds". It is not acceptable to specify on the certificate "see attached".					
CERTIFICATE HOLDER		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
Levy Restaurants Name of Property Address		AUTHORIZED REPRESENTATIVE			

PLEASE ENSURE THE CERTIFICATE OF INSURANCE IS UPLOADED AT LEAST 30 DAYS PRIOR TO THE EVENT

SAMPLING AUTHORIZATION FORM LINK HERE!



OR USE QR CODE

COMMERCIAL GENERAL LIABILITY:

GENERAL AGGREGATE \$2,000,000
EACH OCCURRENCE \$1,000,000

WORKERS COMPENSATION:

EACH ACCIDENT \$500,000
DISEASE-POLICY LIMIT \$500,000
DISEASE EACH EMPLOYEE \$500,000

CERTIFICATE HOLDER
LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP
+ JAVITS CONVENTION CENTER
655 W 34TH ST
NEW YORK, NY, 10001

EXHIBIT A

Levy Premium Foodservice Limited Partnership and Restaurant Associates, LLC; specifically including all of their partners; New York Convention Center Operating Corporation, New York Convention Center Development Corporation, State of New York, Triborough Bridge and Tunnel Authority and New York State Urban Development Corporation d/b/a Empire State Development, and their respective officers, agents and employees; Levy and Restaurant Associates, including, but not limited to, all related partnerships, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors and managers.