

Colorado State University

FRATERNITY AND SORORITY LIFE

Third Party Vendor Contract

Vendor Name (Location Name): _____

Vendor Contact Person: _____

Vendor Address: _____

Phone Number: _____ Email Address: _____

Location Capacity: _____ Cost Information: _____

(Each chapter president and vendor contact person should initial next to each contract clause to convey understanding)

THE CHAPTER MUST:

_____ Be in compliance with the Fraternity & Sorority Joint Policy on Risk Management and their inter/national organization's risk management policy regarding third party vendor events.

THE VENDOR MUST:

_____ 1. Be properly licensed by the appropriate local and state authority. This might involve both a liquor license and a temporary license to sell on the premises where the function is to be held.

_____ 2. Be properly insured with a minimum of \$1,000,000 of general liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider. The certificate of insurance must also show evidence that the vendor has, as a part of their coverage, "a minimum of \$1,000,000 of liquor liability." It is recommended that the certificate of insurance name as additional insured the Greek chapter/council hiring the vendor.

_____ 3. Be willing to provide an agreed upon number of staff to support the event. Number of staff should be discussed prior to event and match the size and scope of the planned event.

_____ 4. Agree to all the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

- Checking identification cards upon entry
- Not serving minors
- Not serving individuals who appear to be too intoxicated
- Maintaining absolute control of ALL alcoholic containers present
- Collecting all remaining alcohol at the end of the function (no excess alcohol – opened or unopened – is to be given, sold, or furnished to the chapter at conclusion of event)
- Ensuring no alcohol leaves the location of this event

The chapter and vendor understand that only through compliance with the above stipulations will the chapter be in compliance with the Fraternity & Sorority Joint Policy on Risk Management, and thus able to hold an event at the location.

Vendor Contact:

(Print Name)

(Signature)

(Date)

Chapter President:

(Chapter)

(Print Name)

(Signature)

(Date)