This sponsorship Memorandum of Understanding is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“RSO”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (‘Company”).

The parties agree as follows:

1. **Sponsorship:** Company agrees to sponsor RSO. Details and benefit(s) of sponsorship are described below:

[Details and benefits of sponsorship]

*For EXAMPLE:*

*RSO to provide Company:*

* *Table at event*
* *Logo on flyers*

1. **Payment:** In consideration of the sponsorship and set by the UC Davis Commercial Activities Review Board, Company shall pay $ \_\_\_\_\_\_\_\_\_\_\_\_ (approved Campus Access fee amount). Payment is due \_\_\_\_\_\_\_\_\_\_ and payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. **Insurance Requirements:** For any commercial activity on UC Davis or UC Davis Health campuses, the corporation or commercial entity will need to provide a copy of the insurance requirements naming The Regents of the University of California as an additionally insured party prior to the event date or program.

**Requirements for Non-Affiliate Certificates of Insurance**

* The Non-Affiliate must be listed as the Insured.
* The REGENTS OF THE UNIVERSITY OF CALIFORNIA and your student group must be listed as Additional Insureds.
* The Insurer/Producer name and contact information must be on the certificate.
* The policy start and end date must encompass the entire length of your event.
* The policy must include General Liability coverage of at least $1,000,000.
* If the non-affiliate is bringing a vehicle onto campus, the policy must include Automobile Liability coverage of at least $1,000,000.
* If the non-affiliate is bringing employees onto campus, the policy must include evidence of California Workers’ Compensation coverage.
* The Certificate of Insurance must provide 30 days’ advance written notice to the University of any modification, change, or cancellation of any component of the insurance coverage.

The Commercial Form General Liability Insurance (contractual liability included) with limits as follows:

1. Each Occurrence $1,000,000
2. Products/Complete Operations Aggregate $2,000,000
3. Personal and Advertising Injury $1,000,000
4. General Aggregate $2,000,000

Additional Insured:

The Regents of the University of California

1111 Franklin Street

Oakland, CA 94607

Company will need to send the Certificate of Insurance in advance of the event to:

[Department in charge of facility]

*Name*

*Department / Facility*

*Email Address*

1. **Use of University’s name.** Except as authorized herein, Company shall not use the name or mark of University of California, Davis in any form or manner in advertisements, reports, or other information released to the public without the prior written approval of University.
2. **Entire Agreement.** This agreement constitutes the entire understanding of the parties respecting the sponsorship agreement between Company and RSO.

In signing this agreement, Company accepts the above terms.

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| --- | --- | --- |
| **Company** |  | **RSO** |
|  |  |  |
| By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (authorized signature) |  | (authorized signature) |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |