REQUEST FOR WAIVER OF UNIVERSITY INSURANCE REQUIREMENTS

Department: _____

Contact person: _____ Extension:_____

Consultant name and address: _____

_____

Form of contract/agreement: ☐ PSA ☐ Other (attach a copy)

Have you confirmed if the Consultant carries insurance? ☐ Yes (attach a copy of their Certificate of Insurance)

☐ No

Detailed scope of work to be performed (attach Exhibit A of PSA if applicable):_____

_____

_____

Describe the risks to the University from the Consultant's work: what harm could come to the University if the Consultant makes an error or is negligent in some way? _____

_____

_____

_____

Total Project Cost: _____ Period of Performance: _____

Location of work: ☐ On campus: _____

☐ Off campus: _____

Does Consultant have any employees? _____

Will an automobile be used in the course of providing services? _____

Verification and Financial Responsibility Statement: The Department understands that in the event the Office of Risk Management determines, based on the information provided above, that the scope of work poses a minimal risk and therefore agrees to waive some or all of the University insurance requirements, the Department may be required to assume all financial responsibility for any costs or expenses resulting from the acts or omissions of the Consultant that would have been covered by the Consultant's insurance.

Contact person name: _____

Title: _____ Date: _____

Upon review of the risks associated with the scope of work as described above, the Office of Risk Management has agreed to waive the following University standard insurance requirements:

- ☐ Automobile Liability Insurance
- ☐ General Liability Insurance
- ☐ Workers Compensation Insurance
- ☐ Professional Liability Insurance

Comments: _____

Waiver approved by: _____ Date: _____

Office of Risk Management

Save and Submit

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