



# Insurance Waiver Request

University of California, Merced

*To be used for Consultants, Contractors, Facility Users, and Vendors supplying goods and services to UC Merced. The Contracting Official should complete and sign Sections 1-4. The Ordering Department should complete Section 5.*

**Section 1 – Contracting Official Information** Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 2 – Supplier Information** Requisition Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 3 – Supplier Insurance Information** (Attach the supplier’s Insurance Certificate if available)

Reason for exemption request: \_\_\_\_\_

Describe specific insurance requirement to be reduced or waived: \_\_\_\_\_

**Section 4 – Description of Goods and Services, Nature of Work, or Facility Use** ( Attach the scope of work or contract if available)

Detailed Description: \_\_\_\_\_

Describe UC’s increased exposures to liability if this request is approved: \_\_\_\_\_ Probability of Negative Outcome: \_\_\_\_\_

Comments: \_\_\_\_\_

Contracting Official Signature and Date: \_\_\_\_\_

Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

**Section 5 – Department Signature**

Explain how increased exposures to liability can be justified: \_\_\_\_\_

Describe actions that will be taken to reduce risk: \_\_\_\_\_

*By signing this form, I acknowledge and understand that the University expects departments to contract with vendors that meet the University's requirements where possible and financially feasible. Although it may be determined that little or no risk is involved, in which case the limits may be lowered or the requirement eliminated, I understand that as the ordering department, my unit bears any risk of financial or physical loss.*

Department Budget Authority Signature and Date: \_\_\_\_\_

Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

**Section 6 –Risk Services Review**

Request Approved?  Yes  No Comments: \_\_\_\_\_

Risk Services Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_