



# Request for Waiver of UC Insurance Requirements

for Consultants, Contractors, & Vendors Providing Goods & Services to UCSB

### INSTRUCTIONS TO DEPARTMENT

Use the *Request for Waiver* to request a reduction or waiver of the insurance requirements for consultants, contractors, or vendors supplying goods and/or services to UCSB. Submit completed form to UCSB Risk Management for review and approval. If the scope of work changes during the Agreement period, department must submit new request for waiver or obtain the required limits of insurance.

### CONTRACTING DEPARTMENT

Date of Request: \_\_\_\_\_ Dept: \_\_\_\_\_ Fax: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

UCSB Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

### VENDOR, CONTRACTOR, CONSULTANT

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

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

Phone & Fax: \_\_\_\_\_

Contact Person & Email: \_\_\_\_\_

### AGREEMENT, PO, CONTRACT INFORMATION

Type of Agreement:  Vendor  Contractor  Consultant  Other: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Attached:  Proposal  Req. for Servs.  PO Req./PO  Agrmt./Contract

### SCOPE OF WORK, GOODS OR SERVICES

Does Provider have employees:  Yes  No Will Provider come to campus:  Yes  No How Often: \_\_\_\_\_

Where will work be performed: \_\_\_\_\_

Provide a detailed, complete, and accurate description of all the activities that the Provider will engage in to complete the contract scope of work (use attachment if more space required). Please attach the proposal or statement of work if it is available.

Provide a detailed, complete and accurate description of the goods or services (the contract end product) that the department will obtain from Provider (use attachment if more space required). Please attach the proposal or statement of work if it is available.

### REQUEST FOR REDUCTION OR WAIVER OF UC INSURANCE REQUIREMENT

What insurance requirements are to be reduced or waived: \_\_\_\_\_

Why is increased risk justified?: \_\_\_\_\_

What actions will be taken to reduce risks?: \_\_\_\_\_

### DEPARTMENT AGREEMENT TO PAY ALL COSTS

When a provider's insurance is waived, UCSB may have to pay for losses caused by the provider. Departments who request waivers shall pay costs attributable to losses that are not covered because insurance has been waived. A department control point with budget authority must sign the Request for Waiver acknowledging that Department shall pay all costs arising from any uninsured losses.

Principal Investigator Name & Title (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Name & Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Control Point Name & Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### UCSB RISK MANAGEMENT APPROVAL

Request approved?

Yes  No

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_