

REQUEST TO WAIVE / ALTER VENDOR INSURANCE REQUIREMENTS

Please submit completed/approved form with Purchase Requisition and Scope of Work

Agency/Department: _____

Date: _____

Requestor: _____

Phone #: _____

Vendor Name: _____

RX No: _____

<p style="text-align: center;"><input type="checkbox"/> Low Risk</p> <p>1) Requires Department/Agency Head signature. a. Does not require Risk Management approval</p> <p>2) Submit with Procurement requisition</p>	<p style="text-align: center;"><input type="checkbox"/> Standard Risk</p> <p>1) Requires Department/Agency Head signature</p> <p>2) Obtain Risk Management approval</p> <p>3) Requires Scope of Work with request to waive/alter</p> <p>4) Submit this form, when approved, with your requisition, to Procurement</p>
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Reason for Request: _____

Request for alterations to published requirements:

	<u>Waive</u>	<u>Alter/ Reduce</u>	<u>Reason</u>
General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Auto	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	

Department/Agency Head Signature: _____

Signature acknowledges Department/Agency acceptance of increased liability and potential claims costs.

(Section below is for CEO/Risk Management use only)

CEO/Risk Management Section (Risk's signature is required only for Standard Risk)

Approved Denied

Signature: _____

Date: _____

Comments: _____