

Request for Insurance Waiver or Modification

Service Agreements

Vendor Name: _____ Vendor/PO No. _____

Service Agreement Duration: _____ Dollar amount of Contract: _____

A. Please complete this section when requesting an exception to the standard CSU insurance requirements for services or purchase of goods.

- (1) What activities will take place _____

- (2) Who could be harmed? (CSUMB staff, Univ. Corp. personnel, students, contractor's personnel) _____

- (3) Are crowds or bystanders/passersby likely to be involved? _____
- (4) What is the approximate number of participants/attendees that will be involved? _____
- (5) What property could be damaged and how severely? _____

- (6) What is the maximum likely loss for each activity? _____

- (7) Is there a possible hazardous materials or pollution exposure? _____
- (8) Will inherently dangerous activities be involved? _____
- (9) Is there a reputational risk to the University? _____
- (10) How likely is it that CSUMB will be a defendant in the event of loss? _____

B. Based upon the preceding risk identification and evaluation, the campus is requesting a temporary amendment to standard CSU insurance requirements. The requested modification is indicated below.

- (1) Exception to insurance coverage requirement (indicate whether an exception to Automobile Liability, General Liability, and/or Workers Compensation coverage is requested). _____

- (2) Exception to the indemnification or additional insured endorsement requirements. _____

- (3) I am requesting an exemption based on the following reasons: _____

Review and Approval

Risk Management Authorized Signature: _____ Date _____

Optional Notes: _____