



# Request for Waiver of Insurance Requirements

for Consultants, Contractors, Facility Users, and Vendors Doing Business with UCSB

## INSTRUCTIONS TO DEPARTMENT

Use the Request for Waiver of Insurance Requirements to request a reduction or waiver of the insurance requirements that UC has established for vendors providing goods & services, contractors or consultants providing services, or facility users who are renting UCSB facilities. Submit the completed form to UCSB Risk Management for review and approval. (If the level of risk increases during the Agreement period, after a reduction or waiver has been approved, it is the responsibility of the department to confer again with Risk Management or obtain the required limits of insurance).

## DEPARTMENT

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

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

## VENDOR, CONTRACTOR, CONSULTANT, FACILITY USER

NAME OF VENDOR, CONTRACTOR, CONSULTANT, FACILITY USER: \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_

## GOODS OR SERVICES PROVIDED, NATURE OF WORK OR FACILITY USE

Refer to [Insurance Requirements for Goods & Services](#), [Insurance Requirements for Design & Construction](#), or [Insurance Requirements for Facility Users](#) to determine Risk Exposure Level:

High  Moderate  Low  Professional  Other

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

Agreement Attached:  Yes  No Agrmt. Start Date: \_\_\_\_\_ Agrmt. Finish Date: \_\_\_\_\_

Description of goods/services provided, or facility use (if necessary, attach part of contract that describes goods/services provided, facility use):

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

## DESCRIBE VENDOR'S/CONTRACTOR'S/CONSULTANT'S/FACILITY USER'S ACTUAL INSURANCE COVERAGE

### General Liability

Gen. Agg.: \_\_\_\_\_

Pers. & Adv. Inj.: \_\_\_\_\_

Prods. & Comp. Ops.: \_\_\_\_\_

Ea. Occurrence: \_\_\_\_\_

Auto Liability: \_\_\_\_\_

Prof. Liab. (GenAgg./Per Occ): \_\_\_\_\_

Excess Liab. (Gen Agg/Per Occ): \_\_\_\_\_

Workers' Comp (as required by State law):  Yes  No

### Special Provisions (required of all)

1) Regents as Named Additional Insured:  Yes  No

4) 30 Day Notice of Cancellation Notice:  Yes  No

### Special Provisions (required of Consultants & Contractors only)

2) Primary; Excess/Non-contributory Language:  Yes  No

3) Required Indemnification Language:  Yes  No

## REQUEST FOR REDUCTION OR WAIVER OF UC INSURANCE REQUIREMENT

What is the specific insurance requirement that you want reduced or waived?

Explain how reduced risk exposure justifies approval of this request:

Explain how UC's increased exposure to liability can be justified in terms of its ability to accomplish its mission: teaching, research, community service:

## UCSB RISK MANAGEMENT REVIEW & APPROVAL

Request approved?

Yes  No

Print Name

Signature

Date