MT. DIABLO
UNIFIED SCHOOL DISTRICT

Request for Insurance Requirement Modification or Waiver

This form must be completed and approved prior to the execution of the Independent Contractor Agreement when a site or department is requesting modification or waiver of one or more insurance requirements as outlined in Appendix C of the standard Agreement.

Contractor Information

Contractor Name:	
Service Description:	
Department/Site Requesting Waiver:	
Contract Total (Not to Exceed):	
Purchase Requisition #:	

Insurance Waiver Request

The site/department requests the following modification(s) or waiver(s) to the standard insurance requirements:

Insurance Type	Required Limits	Requested Waiver/Modification	Justification for Request*
Commercial General Liability (CGL)	$2M per occurrence / $4M aggregate	☐ Waiver ☐ Reduced Limit to: _____	
Sexual Abuse & Molestation Liability	$2M per occurrence / $4M aggregate	☐ Waiver ☐ Reduced Limit to: _____	
Automobile Liability	$1M Combined Single Limit	☐ Waiver ☐ Reduced Limit to: _____	
Workers' Compensation	Statutory / $1M Employer's Liability	☐ Waiver ☐ Reduced Limit to: _____	
Professional Liability (if applicable)	$1M per claim / $2M aggregate	☐ Waiver ☐ Reduced Limit to: _____	
Cyber Liability (if applicable)	$2M per claim	☐ Waiver ☐ Reduced Limit to: _____	

Attach additional justification on a separate page if necessary.

Requestor Certification

I certify that this request is necessary due to the nature and scope of services provided, and that approval has been reviewed at the site/department level.

Submitted by (Site/Dept. Administrator): _____

Title: _____

Signature: _____ Date: _____

Chief-Level Approval

☐ Approved as requested ☐ Approved with modifications (see notes) ☐ Denied

Chief (Superintendent or Designee): _____

Signature: _____ Date: _____

This form must be retained with the Independent Contractor Agreement file and attached to the agreement for Board submission when required.