VENDOR INSURANCE -Internal Modification/ Waiver Form

Purpose: This form is to be completed when a vendor is unable to meet the District's insurance requirements and an exception or waiver is being requested. All requests are subject to review and are authorized by the Deputy Superintendent for Business and Operations. This form must be completed and submitted with the Event Scheduling and Principal Approval form.

1. Vendor Information

Vendor/Company Name: _____

Vendor Contact Person: _____

Address: _____

Telephone/Email: _____

Description of Services Provided: _____

Location/Department Receiving Services: _____

2. Insurance Requirements to Be Waived

Please identify the insurance requirement(s) for which a waiver is requested.

- ☐ Commercial General Liability
- ☐ Workers' Compensation
- ☐ Employer's Liability
- ☐ Automobile Liability
- ☐ Professional Liability / Errors and Omissions
- ☐ Umbrella / Excess Liability
- ☐ Additional Insured Endorsement
- ☐ Certificate of Insurance
- ☐ Other: _____

Requested Modifications or Waiver:

_____

_____

3. Justification for Waiver

Business Need / Reason for Exception:

_____

_____

_____

4. Requesting Administrator Acknowledgment

I acknowledge that I am submitting this form solely as a request for consideration of a vendor insurance modification or waiver.

I understand and acknowledge that:

- Submission of this request does not constitute approval of the requested modification or waiver.
- The Deputy Superintendent for Business and Operations is the sole individual authorized to approve or authorize vendor insurance modifications or waivers.
- The request must be fully documented and retained with the applicable vendor contract.

Requesting Administrator Name: _____

Title / Department: _____

Signature: _____

Date: _____

5. Authorized Approval

I certify that I am the authorized official responsible for approving or denying this request. Any approved modification or waiver is limited to the specific insurance requirements, vendor, and services identified in this authorization, subject to the conditions stated above.

Authorized Official: Dr. Ann Vaccaro-Teich
Title: Deputy Superintendent for Business and Operations

Decision:

☐ Approved

☐ Denied

Comments / Conditions of Approval:

_____

_____

Signature: _____ Date: _____