



Service Provider Insurance Waiver Request Form

Hiring Department: _____

Department Contact Name: _____

Department Contact Email and Phone: _____

Service Provider Name: _____

- Service Provider Type:
Independent Contractor
Low Cost Service Agreement Provider
Vendor

- 1. What is the duration and amount of the contract?
2. Is the service provider required to drive as part of their scope of work? Yes No
3. What type of physical access will the service provider be given?
4. Will the service provider have access to information that is not considered public domain? If so, please describe.
5. Are crowds or bystanders likely to be involved?
6. Is there a possibility that SF State property could be damaged? If so, how severely?
7. Will the service provider be working with minors? If so, in what capacity?

For ERM use only

Insurance requirements requested to be waived:

Table with 4 columns: GL, WC, Insurance Limits, PL. Sub-headers: Auto, AM Best Rating, AIE.

Insurance Requirement Waiver: Granted Denied

Review Date: _____ Reviewed By: _____

Reviewer Signature