

ENTERPRISE RISK MANAGEMENT 1600 Holloway Avenue, ADM 258 San Francisco, CA 94132-4258

> Tel: 415/405-3522 Fax: 415/338-0597

Independent Contractor Insurance Waiver Request Form				
Hiring Department: Depa		tment Contact:		
Contact Email:		Conta	Contact Phone:	
Independent Contractor Name:		_Duration of Contract:		
	-	ed description of the sc		ormed. (Attach SOW, if
2. I	Is the contractor required to drive within the scope of work? Yes No			
3. V	What type of physical access to the campus will be permitted?			
4. I	If the contractor will have access to any of the following, please indicate below.			
[SF State's IT Network			
[Personal Identifiable Information (PII) of SF State faculty, staff, or students			
[Proprietary information, i.e., not consider in the public domain			
5. I	Is there a risk that SF State property could be damaged? Yes No			
Ι	If so, please explain			
	Will the contractor interact with minors (under the age of 18)? Yes No If yes, in what capacity?			
Ι				
	Will the contractor use watercraft, piers, or other marine-related equipment? Yes 🗌 No 🗌			
		_		_
Insurance requirements requested to be waived:				
	General Liability	Work Comp	Auto Liability	Prof. Liability
\Box	Cyber	Insurance Limits	AM Best Rating	
_ · • _				
ERM USE ONLY:				
	APPROVED	DENIED		
DATE:		REVIEWER:		

THE CALIFORNIA STATE UNIVERSITY: Bakersfield, Channel Islands, Chico, Dominguez Hills, East Bay, Fresno, Fullerton, Humboldt, Long Beach, Los Angeles, Maritime Academy, Monterey Bay, Northridge, Pomona, Sacramento, San Bernardino, San Diego, San Francisco, San Jose, San Luis Obispo, San Marcos, Sonoma, Stanislaus