



## Independent Contractor Insurance Waiver Request Form

Hiring Department: \_\_\_\_\_ Department Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Independent Contractor Name: \_\_\_\_\_ Duration of Contract: \_\_\_\_\_

1. Please provide a detailed description of the scope of work to be performed. (Attach SOW, if available). \_\_\_\_\_
2. Is the contractor required to drive within the scope of work? Yes  No
3. What type of physical access to the campus will be permitted? \_\_\_\_\_
4. 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. Is there a risk that SF State property could be damaged? Yes  No   
If so, please explain. \_\_\_\_\_
6. Will the contractor interact with minors (under the age of 18)? Yes  No   
If yes, in what capacity? \_\_\_\_\_
7. Will the contractor use watercraft, piers, or other marine-related equipment? Yes  No

Insurance requirements requested to be waived:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Work Comp        | <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Prof. Liability |
| <input type="checkbox"/> Cyber             | <input type="checkbox"/> Insurance Limits | <input type="checkbox"/> AM Best Rating | <input type="checkbox"/> AIE             |

**ERM USE ONLY:**

- APPROVED**       **DENIED**

**DATE:** \_\_\_\_\_ **REVIEWER:** \_\_\_\_\_