



## 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.

SFSU's IT Network

Personal Identifiable Information (PII) of SFSU faculty, staff, or students

Proprietary information, i.e., not considered in the public domain

5. Is there a risk that SFSU 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, at what capacity? \_\_\_\_\_

7. Will the contractor use watercraft, piers, or other marine-related equipment? Yes  No

The following insurance requirements are being requested to be waived:

General Liability

Workers Comp

Auto Liability

Prof. Liability

Cyber

Insurance Limits

AM Best Rating

AIE

**ERM USE ONLY**

APPROVED  DENIED

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

**Enterprise Risk Management**

1600 Holloway Avenue ADM 258, San Francisco, CA 94132-4258  
tel. 415.405.3522 | riskmgmt@sfsu.edu | erm.sfsu.edu