**Request to Waive / Alter Vendor Insurance Requirements**

**Please submit completed/approved form with Purchase Requisition and Scope of Work**

Agency/Department: Date:

Requestor: Phone #:

Vendor Name: RQS No:

|  |  |
| --- | --- |
| **Low Risk** | **Standard Risk** |
| Seminars, workshops, low to moderate physical activity training (yoga, light exercise), clerical or office duties, etc.  Insurance Requirements:   * Commercial General Liability: $500,000 per Occurrence/$500,000 Annual Aggregate | Equipment maintenance or repair, equipment rental with operator (excluding cranes), towing, filming projects, most lessees, software development for COV stored data, Drone use, facility repairs, construction, cell towers, mechanical equipment purchase, equipment installation on county property, design professional, software purchase or license with electronic data storage, etc.  Insurance Requirements:   * Commercial General Liability: $1,000,000 per Occurrence/$2,000,000 Annual Aggregate |
| Additional risk may be posed depending on the contractor’s work. This could include the following:   * Commercial Auto Liability: $1,000,000 each accident * Professional Liability (Errors & Omissions/Medical Malpractice) Coverage: $1,000,000 per Occurrence/$2,000,000 Annual Aggregate * Cyber Liability (Security & Privacy) Coverage: $1,000,000 per Occurrence/$2,000,000 Annual Aggregate | |

**Requested change to Posted Insurance Guidelines/Recommendations:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Waive** | **Alter/**  **Reduce** | **Explanation of Alteration (if applicable)** |
| General Liability |  |  |  |
| Commercial Auto |  |  |  |
| Professional Liability |  |  |  |
| Cyber Liability |  |  |  |
| Other |  |  |  |

Reason for Request:

Department/Agency Head Signature:

***Signature acknowledges Department/Agency acceptance of increased liability and potential claims costs.***