

Guidelines for Requesting a Waiver/Deviation of Insurance Requirements for Standard Agreements

Risk Management's mission is to encourage and support practices that mitigate the effect of adverse events that affect people, property, and the mission of the University.

When a department needs to choose a contractor or vendor, Risk Management recommends to strongly consider working with those who have insurance in place. The University has set insurance requirements for contractors and vendors engaging in business with the University. The contractor or vendor must provide a certificate of insurance with the required coverage prior to the start of work.

The insurance limits required in the University's agreements are prudent, reasonable, and easily attainable in the insurance market place for most businesses. These insurance requirements provide the University with the assurance that there is financial protection to cover the legal obligations of those we do business with.

Risk Management does not recommend that insurance coverages be waived or deviated from if possible. However, in those situations where the contractor or vendor does not meet the insurance requirements in the University's agreement, they can request the waiver of insurance. These requests should originate from the contractor/vendor, and not volunteered by the College/Department.

If you receive a request to waive or deviate from the insurance clause in a standard contract:

- Complete the Request for Waiver/Deviation of Insurance Requirements form in its entirety and submit it to recordss@uhd.edu for approval.
- **Please allow up to 3 business days for processing**
- For deviation requests the contract must be processed through the Office of Contracts Administration to revise the contract language.
- For Non-standard agreements, please contact Risk Management with any questions.

Request for Waiver/Deviation of Insurance Requirements for Standard Agreements

INSTRUCTIONS: Complete Section 1 in its entirety and submit to Risk Management with a copy of the contract and contract coversheet. Incomplete forms will be returned. Department should allow 3 business days for Risk Management to process the request. Submit completed documents to recordss@uhd.edu. For non-standard agreements, please contact recordss@uhd.edu.

Section 1: Department / Contract Information

Contracting Department: _____

College/Div. & Dept. Name: _____

Contact Person: _____ Date Submitted: _____

Phone: _____ Email: _____

Detailed description of work to be performed (**include location**):

How many employees of the contractor/vendor will be performing services?

Will the contractor/vendor, or any of their employees, enter University Property?*

Contractor/vendor's justification for waiver request (**must obtain response from Contractor**):

VERIFICATION AND FINANCIAL RESPONSIBILITY STATEMENT: The Risk Management Department's evaluation of the risks associated with the use of the listed Contractor/Vendor is based solely upon the above information presented by the department. In the event that Risk Management determines that this agreement poses a minimal risk and agrees to waive some or all of the University insurance requirements, the Department may be required to assume all financial responsibility for any costs or expenses resulting from the acts or omissions of the Contractor/Vendor that would have been covered by the Contractor's insurance, and that are not otherwise covered by the University's insurance.

Approved by: _____ Title: _____
College/Division Administrator or Designee

Print Name: _____ Date: _____

***If using the Standard Purchasing Agreement and the Contractor will enter UHD Property, General Liability, Workers' Compensation, Employer's Liability and Automobile Liability coverages are required, unless waived by Risk Management. If the Contractor will not enter UHD Property, only General Liability coverage is required, unless waived by Risk Management.**

<p>General Liability:</p> <p><input type="checkbox"/> Reduce limits to:_____</p> <p><input type="checkbox"/> Waive GL limits in entirety</p> <p><input type="checkbox"/> Waive AI (Additional Insured) status for University</p> <p><input type="checkbox"/> Waive WOS (Waiver of Subrogation) status for University</p>	<p>Automobile Liability*:</p> <p><input type="checkbox"/> Reduce Limits to:_____</p> <p><input type="checkbox"/> Waive AL limits in entirety</p> <p><input type="checkbox"/> Waive AI (Additional Insured) status for University</p> <p><input type="checkbox"/> Waive WOS (Waiver of Subrogation) status for University</p>
<p>Workers' Compensation and Employer's Liability**:</p> <p><input type="checkbox"/> Reduce EL Limits to:_____</p> <p><input type="checkbox"/> Waive WC or EL limits in entirety</p> <p><input type="checkbox"/> Waive WOS (Waiver of Subrogation) status for University</p> <p>Professional Liability:</p> <p><input type="checkbox"/> Reduce PL limits to:_____</p> <p><input type="checkbox"/> Waive PL limits in entirety</p>	<p>Other Lines of Coverage:</p> <p><input type="checkbox"/> Pollution Liability – Waive in entirety</p> <p><input type="checkbox"/> Pollution Liability – Reduce Pollution limits to: _____</p> <p><input type="checkbox"/> Umbrella Liability – Waive in entirety</p> <p><input type="checkbox"/> Umbrella Liability – Reduce Umbrella limits to:_____</p> <p><input type="checkbox"/> Other – Waive in entirety</p> <p><input type="checkbox"/> Other – Reduce limits to: _____</p>

Section 2: Risk Management Response

_____ Waiver/Deviation Approved _____ Waiver/Deviation Denied

Risk Management justification for approval/denial:

Risk Management Signature: _____ Date: _____
Risk Management Representative

***Auto Liability:** If the contractor/vendor does not own commercial vehicles yet will enter University property during the term of the agreement, Risk Management recommends they either carry hired/non-owned auto liability insurance or provide a copy of their personal automobile insurance for the requesting department's records.

****Workers' Compensation:** If the contractor/vendor does not have employees, Risk Management requires a statement from the contractor/vendor indicating they do not have employees and do not carry Workers' Compensation coverage.

If any further questions arise, please contact Risk Management via email, recordss@uhd.edu or by phone, 713-221-8636.

INSURANCE REQUIREMENTS AND CERTIFICATES OF INSURANCE

A certificate of insurance is defined by law as a document (including an electronic record) that is executed by an insurer, agent, or broker and issued to a third party as a statement or summary of property or casualty insurance coverage. A certificate of insurance is not a binding document. The certificate of insurance is an indication that a policy is in effect.

Below are the most commonly requested types of coverages by the university. Other lines of insurance may be required for certain types of exposure and limits of liability may vary depending on the type contract. Most of the standard Office of Contracts Administration agreements include the applicable university insurance requirements.

<u>Type of Coverage</u>	<u>Limits of Liability</u>
<u>All contractors/vendors:</u>	
Commercial General Liability	\$ 1,000,000 per Occurrence
<u>If the contractor/endor is coming on campus:</u>	
Worker's Compensation	Statutory Limit-State in Texas Including Employers Liability \$ 1,000,000 per accident
Commercial Automobile Liability	\$ 1,000,000 Combined Single Limit
<u>For Engineers, Architects, or other Professional Services:</u>	
Professional Liability	\$ 5,000,000 per Occurrence

Additional Insured: Additional Insured endorsements are required for Commercial General Liability and Automobile Liability Policies. This must be stated on the Certificate of Insurance.

Waiver of the Right of Subrogation: The waiver of subrogation endorsement is required for all policies . This must be stated on the Certificate of Insurance.

Maintenance Responsibility: The Department managing the contract is responsible for maintaining the certificates of insurance. The vendor should be provided with the name and mailing address of the individual responsible for the contract maintenance so the certificate will be sent to the appropriate person. The certificates of insurance should be kept in the department's file containing the contract. It is important to verify the expiration dates of the insurance policies to be sure certificates of insurance are maintained throughout the life of the contract.