

Cornell Insurance Waiver/Modification Request Form

Contracting Department/Unit: _____ Contact Person: _____ Date: _____

Contractor Name, Address & Phone: _____

Location of service to be performed (on or off campus): _____ Will an automobile be used in provide the service? _____ Yes/No

Does Contractor have any employees? _____ Yes/No; (if yes how many) _____

Form of contract/agreement: PSA_ICS____Other_____(Attach a copy of the contract) Provide detailed description of all activities the contractor will engage in to complete the scope of work (Please include a copy of the agreement with your request)

Have you confirmed if the contractor carries insurance? Yes/No _____ (if yes attach insurance certificate)

Does the contractor service(s) involve [working with minors](#)? Yes/No _____

Describe any risk to the University/Unit if the contractor is negligent. What loss (financial, bodily injury, property damages) could result from the contractor's negligence, error, omission, or breach of duty under the agreement?

Does the contractor's service involve accessing Personally Identifiable Information (PII), Protected Health Information (PHI), or any other Cornell University Confidential/Sensitive Information? _____

Contractor's justification for waiver/modification request **(Response must come directly from Contractor)**:

Please be advised that if a waiver is granted, the contractor will still be responsible for his/her negligent acts and will be expected to indemnify the University.

Insurance to be Waiver/Modification of Limits:

<u>Insurance Coverage</u>	<u>Waive Entirely</u>	<u>Reduce Limits (Enter Amount)</u>	<u>Comments</u>
Professional Liability			
General Liability			
Workers Compensation			
Automobile Liability			
Cyber Security/Liability			

Please Note: When a Contractor's insurance is waived, the university may have to pay for losses it neither caused nor can control. The department may pay costs attributable to such losses.

PI/Project Lead Name & Title

Signature

Date

Department Chair Name & Title

Signature

Date

Waiver Approved? Yes/No _____

Office of Risk Management & Insurance (Signature)

Date

If the scope of work upon which this waiver was approved changed, the waiver is void.