

Request for Waiver of University of Houston-Clear Lake Insurance Requirements

Department should complete Section 1 and email to Contract Administration at <u>UHCLProcurement@uhcl.edu</u>. Allow five business days for Contract Administration to process this request.

Additional time should be allowed to process the contract.

Section 1: Department / Contract Information

Contracting Dep	artment:				
Contact Person:					
	Phone:	Email: _			
Contractor Name:					
Contract Term:	Beginning:		Ending:		
Detailed descript	ion of services to be contracted:				

Services to be rendered at (name and physical address of the location):

Departmental justification for waiver request:

Section 2: Contract Administration	Response	
□ Waiver Approved	Waiver Denied	□ Approval of COI
Contract Administration justification	n for approval/denial:	
Contract Administrator's Signature:	Catina Chapman, Associate Director	Date:
Section 3: Override of Contract Ad	ministration response by Upper Mana	gement
Upper Management justification for	r override:	
Upper Management Signature:		Date:
Upper Management Name and Titl	e:	