



Insurance Terms Approval for Non-Standard Agreements

Section 1: Department / Contract Information

Contracting Department: _____

Contact Person: _____

Phone: _____ Email: _____

Contractor Name: _____

Contract Term: Beginning: _____ Ending: _____

Detailed description of services to be contracted:

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

Note: Email the completed form along with the non-standard agreement to UHCL Procurement at UHCLProcurement@uhcl.edu. Allow five business days to process requests submitted to Contract Administration. Additional time should be allowed for UHS legal review and approval and to process the agreement.

Section 2: Contract Administration Response

Insurance Terms Approved Insurance Terms Revision Needed

Contract Administration specifies the following insurance terms revision for the above-described agreement:

Check here if additional pages are attached.

Contract Administrator's Signature: _____ Date: _____
Catina Chapman, Sr. Contract Administrator (281) 283-2150