

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

Department should complete Section 1 and email to Contract Administration at <a href="https://www.uhcl.edu"><u>UHCLProcurement@uhcl.edu</u></a>.

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	<b>:</b> :		
Contract Term:	Beginning:	Ending: _	
Detailed descript	ion of services to b	e contracted:	
Services to be rer	ndered at Iname a	und physical address of the location)	
301 11003 10 00 101	idered ar (ridirie d	ma priysical dadress of the location,	•
Departmental jus	tification for waive	r request:	
Section 2: Contro	act Administration I	Response	
☐ Waiver Appro	ved	☐ Waiver Denied	☐ Approval of COI
Contract Adminis	tration justification	for approval/denial:	
Contract Adminis	strator's Signature:		Date:
Commact Adminis	maror s signatore.	Catina Chapman, Sr. Contract Adminis	trator
Section 3: Overri	de of Contract Adr	ministration response by Upper Mana	gemen <del>t</del>
Upper Managem	ent justification for	override:	
Upper Managem	ient Sianature:		Date:
oppor managem	om orginatoro.		