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

Department should complete Section 1 and email to Contract Administration at UHCLProcurement@uhcl.edu. 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 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):
_____________________________________________________________________________________________________________________

Departmental justification for waiver request:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Section 2: Contract Administration Response

☐ Waiver Approved          ☐ Waiver Denied          ☐ Approval of COI

Contract Administration justification for approval/denial:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Contract Administrator’s Signature: ___________________________ Date: __________
Catina Chapman, Associate Director

Section 3: Override of Contract Administration response by Upper Management

Upper Management justification for override:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Upper Management Signature: ___________________________ Date: __________