



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

Department should complete Section 1 and email to Risk Management at Stenvall@uhcl.edu.
Allow 5 business days for Risk Management to process 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:

At what location will the services under this agreement be performed?

Departmental justification for waiver request:

Section 2: Risk Management Response

Waiver Approved Waiver Denied

Risk Management justification for approval/denial:

Risk Management Signature: _____ Date: _____

Harry Stenvall, Director, Risk Management

Section 3: Override of Risk Management response by Upper Management

Upper Management justification for override:

Upper Management Signature: _____ Date: _____