

## Cornell Insurance Waiver/Modification Request Form

Contracting Department/Unit: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Name, Address & Phone: \_\_\_\_\_

Location of service to be performed (on or off campus): \_\_\_\_\_ Will an automobile be used in provide the service? \_\_\_\_\_ Yes/No

Does Contractor have any employees? \_\_\_\_\_ Yes/No; (if yes how many) \_\_\_\_\_

Form of contract/agreement: PSA\_ICs \_\_\_\_\_ Other \_\_\_\_\_ (Attach a copy of the contract) Provide detailed description of all activities the contractor will engage in to complete the scope of work (Attach the Statement of Work)

\_\_\_\_\_

\_\_\_\_\_

Have you confirmed if the contractor carries insurance? Yes/No \_\_\_\_\_ (if yes attach insurance certificate)

Does the contractor service(s) involve [working with minors](#)? Yes/No \_\_\_\_\_

Describe any risk to the University/Unit if the contractor is negligent. What loss (financial, bodily injury, property damages) could result from the contractor's negligence, error, omission, or breach of duty under the agreement?

\_\_\_\_\_

\_\_\_\_\_

Does the contractor's service involve accessing Personally Identifiable Information (PII), Protected Health Information (PHI), or any other Cornell University Confidential/Sensitive Information? \_\_\_\_\_

Contractor's justification for waiver/modification request (**Response must come directly from Contractor**):

\_\_\_\_\_

\_\_\_\_\_

Please be advised that if a waiver is granted, the contractor will still be responsible for his/her negligent acts and will be expected to indemnify the University.

Insurance to be Waiver/Modification of Limits:

<u>Insurance Coverage</u>	<u>Waive Entirely</u>	<u>Reduce Limits (Enter Amount)</u>	<u>Comments</u>
Professional Liability			
General Liability			
Workers Compensation			
Automobile Liability			
Cyber Security/Liability			

Please Note: When a Contractor's insurance is waived, the university may have to pay for losses it neither caused nor can control. The department may pay costs attributable to such losses.

\_\_\_\_\_  
PI/Project Lead Name & Title Signature Date

\_\_\_\_\_  
Department Chair Name & Title Signature Date

Waiver Approved? Yes/No \_\_\_\_\_

Office of Risk Management & Insurance (Signature)

Date

**If the scope of work upon which this waiver was approved changed, the waiver is void.**