

UCLA Departmental/Unit Request for Waiver of Insurance Requirements Consultant/Independent Contractor Liability

The UCLA office of Insurance and Risk Management (IRM) accepts paperless requests for waivers of insurance requirements. If a UCLA department/unit needs an insurance waiver for a consultant or independent contractor, please send an email to Carolyn Boland (cboland@irm.ucla.edu) with the following information:

1. Requisition, Purchase Order or Contract Number.
2. Consultant/contractor name.
3. Detailed scope of work or goods and services provided.
4. Explanation for why the waiver is requested.
5. Time frame.
6. Where the consultant/contractor will work (on campus or off campus).
7. Will a vehicle be used to transport goods or persons on behalf of the University?
8. The amount the consultant/contractor will be paid for services.
9. Attach a copy of the contract/agreement that will be entered into between the consultant/contractor and your department/unit.
10. The grant name and number, if the consultant/contractor is to be paid via a grant.

When the required information is received, IRM will advise whether it can approve the request for waiver of insurance requirement.

Please be advised that when IRM grants a department/unit's request to waive the insurance requirements, the department assumes the financial responsibility for the first 20% of any judgment or settlement of any claims for bodily and personal injury, damage to property and patent and copyright violations arising out of the acts or omissions of the Consultant in performing services for the department up to \$50,000. In addition, the amount of such claim (currently up to \$50,000) will be added to the department's loss experience for the purpose of charging the department's General Liability insurance premium for the next five (5) fiscal year period. In the event the University's self-insurance program does not cover the claim or suit, the department may be held 100% financially responsible for all claim damages including attorney fees.

Please Print on Department/Unit Letter Head

REQUEST FOR WAIVER OF INSURANCE REQUIREMENTS

Date:

Department/Unit:

Contractor/Consultant Name/Number:

Requisition/Purchase/Contract Order Number:

I certify that I understand the risks involved in obtaining a Department/Unit Request for waiver of the insurance requirements pertaining to the hiring of the above independent contractor or consultant. I understand and agree that my Department/Unit is assuming financial responsibility on behalf of the Contractor or Consultant. I have reviewed the scope of work and approve this request to waive the insurance requirements pertaining to the work and/or product(s) provided by the Contractor or Consultant.

Authorized Department/Unit Signature: _____

Dean/Assoc. Dean or Fund Manager Approval: _____

Instructions:

1. Complete this form.
2. Obtain your department/unit head's signature.
3. Obtain approval from Dean/Associate Dean or Fund Manager.
4. Complete the UCLA Departmental/Unit Request for Waiver of Insurance Requirements, Consultant/Independent Contractor Liability.
5. Send Request for Waiver of Insurance Requirements to Carolyn Boland, General Liability Program Manager at cboland@irm.ucla.edu in the Office of Insurance and Risk Management.
6. Return this form to your fund manager.