

County of Alameda
Request for Insurance Waiver or Change
(To be completed by the Contracting Department)
Fax or QIC to: Risk Management Unit
Fax 272-6815 or 2-6815 / QIC 28505

Attn.: Contract Review: _____
(Sr. Risk & Insurance Analyst)

Phone: _____

Fax Back to:	Name: _____	Dept.: _____	Phone: _____	QIC: _____	Fax: _____
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Date of Request: _____ Amount of Contract: _____ Term of Contract: _____
Name of Contractor: _____

1. What do you want to waive or change (W=waive and C=change)?

- a) Coverage (s): General Liability _____ Auto Liability _____ Professional Liability _____ Workers' Comp _____
Other Required Coverages: _____
- b) Change in Limits: General Liability: From \$1,000,000 to \$ _____ per occurrence
Auto Liability: From \$1,000,000 to \$ _____ per occurrence
Professional Liability: From \$1,000,000 to \$ _____ per claim
Other Coverage Limits: _____

c) Reason: _____

2. Request for Time Waiver: Coverage(s) _____ List # of days requested _____
(This allows Contractor time to bind the insurance before the Contract term begins)

3. For Workers' Compensation Waiver, please have Contractor sign this declaration:

Declaration:

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law.

I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the County of Alameda harmless from loss or liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the County of Alameda waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

Signature _____
Owner, Officer, Director, Partnership or other Principal Date

Print/Type Name Title

4. Please attach a copy of the Scope of Services.

This Section to be completed by Risk Management

Identify Risk to County: _____

Waiver: Granted _____ Denied _____ **Change:** Granted _____ Denied _____

Considerations: A Vendor/Contractor Insurance Program has been developed for contractors who do not have or cannot afford the required insurance. Please contact the Risk Management Unit for more information.

Authorized Signature: _____ Date: _____