



# INSURANCE WAIVER REQUEST FORM

To be completed prior to contract signing. Attach Scope of Work.  
Submit completed form to Risk Management ([Risk@dconc.gov](mailto:Risk@dconc.gov)).

## CONTRACT INFORMATION

Department:	<b>Note:</b> It is your responsibility to make the contractor aware of the insurance requirements and request waivers prior to contract signing. Insurance requirement waivers are not granted merely because the contractor has submitted an insufficient certificate of insurance.
Requestor Name:	
Phone #:	
Contractor Name:	Contact Person:
Anticipated Start Date:	Phone #:
New or Renewal Contract	Email:
Brief Description of Work (Attach Scope of Work):	
Reason for Exception Request:	

## INSURANCE

Coverage Type	Waiver of Coverage	Limit Reduction
General Liability	Waiver Requested	Reduce to \$:
Auto Liability	Waiver Requested	Reduce to \$:
Workers' Compensation/Employer's Liability (No exceptions other than provided under State law)	Waiver Requested	Reduce to \$:
Professional Liability	Waiver Requested	Reduce to \$:
Other	Waiver Requested Waiver Requested	Reduce to \$:

Waiver of any insurance requirements is not a waiver or release of the contract indemnification agreement. The insurance requirements serve to provide evidence of the financial capability of the contracting party to meet their indemnification promise. Please be sure the contractor is aware of this distinction so they can consider the potential consequences of not having insurance coverage for their business operations.

Requests must be approved by Risk Management or Legal

Approved By: Larissa Williamson

Date: 5/05/25