



Name of Service Provider: _____

Type of Business: _____

Address: _____

Date: _____

The professional service provider listed above will provide the activities below (*Please provide a description*):

Waiver is requested for the following contract insurance requirement(s). Please include:

1. Type of Coverage
2. Documentation of low risk to support requested waiver of each coverage indicated in Type of Coverage, above

Service Provider has requested waiver of the insurance requirements above and acknowledges that a waiver does not modify Provider's financial responsibility. Provider understands that _____ County does not provide insurance for Provider activities.

Provider's Signature: _____

Date: _____

Title: _____