







Please check correct entity

Risk Identification, Assessment and Mitigation

Requestor please complete sections A & B when requesting an exception to the standard insurance requirements for an activity or service. (Return to the University Corporation)

| Na | me of Service Provider/Vendor: | | Date of Request: | | | | |
|---------------------------|--|--|---|-----|---|--|--|
| | A. 1. Description of Possible Activi | ties and Service (Who, What, When, | Where, How and Why)? | | | | |
| | | | | | | | |
| | - | - | vendor/agency personnel) | | | | |
| | 3. Are crowds or bystanders likely to get involved? 4. What property could be damaged and how severely? 5. Is there a possible pollution exposure? | | | | | | |
| | | | | | 6. Will inherently dangerous acti | vities be involved? | |
| | | | | and | d amendment to standard practic quirements. The exception reques | es described in Executive Ordented is indicated below. | department is requesting an exception r 849 with regard to insurance exception to General Liability or Worker's |
| | | | | | | | |
| | Exception to the insurance minimum limits: Exception to the indemnification or endorsement requirements: | | | | | | |
| | | | | | 4. I am requesting an exemption | | |
| Requestor/Department Head | | | Date | | | | |
| Co | rporation Use Only Sections C & I | to be completed by the University (| Corporation (after signed by Requestor) | | | | |
| C. | Mitigation: Risk Management (| Control Strategy | | | | | |
| | Γechniques/Strategies: Avoidance, Prevention, Reduction, Segregation, Physical or Contractual Transfer or Combination | | | | | | |
| | Strategy Utilized: | | | | | | |
| | | | | | | | |
| D. | Assessment of Mitigation Strate | sessment of Mitigation Strategy Utilized: Evaluation of methods used to control risk | | | | | |
| Аp | provals for Exception & Amendi | nent | | | | | |
| Print Name and Title | | Signature | Date | | | | |