Request for Contract Insurance Waiver or Modification

Name of Service Provider:

Type of Business:

Provide a description of the activities/services that will be provided in the text box below:

Provision of North Carolina Pre-Kindergarten (NC Pre-K) and/or Wake ThreeSchool (WTS) services through a contract with Wake County Smart Start, Inc.

The numbered instructions below correspond to the columns in the table that follows.

1. Check the box next to the type/s of insurance for which waiver or modification is being requested only.
2. For each coverage checked, select the reason you do not meet contract requirements; either you do not have the coverage, or your limits are lower than contract requirements.
3. Provide justification for requesting a waiver or modification of the selected insurance requirement. Please note that premium cost is typically not a valid objection to insurance requirements. The justification must pertain to level of risk and/or scope of work.

1. Type of Insurance	2. Reason	3. Justification
☐General Liability	Choose an item.	
☐Commercial Auto	Choose an item.	
☐Workers' Compensation	Choose an item.	
☐Other Choose an item.	Choose an item.	
☐Other Choose an item.	Choose an item.	

I acknowledge that I am an independent contractor of Wake County Smart Start, Inc. for the above captioned services. I hereby request that Wake County Smart Start, Inc. waive or modify the insurance requirements listed above for the current contract term only and acknowledge that a waiver or modification does not modify my financial responsibility. I understand that Wake County Smart Start, Inc. does not provide insurance for my activities. This insurance waiver or modification request, and any resulting approval, does not alter the indemnification provisions in the referenced contract.

For requests to waive Workers' Compensation requirements: I warrant that I understand the requirements of N.C.G.S. Chapter 97 Workers' Compensation Act with respect to providing Workers' Compensation coverage for my employees of the above mentioned business. I agree to comply with all applicable laws and regulations regarding Worker's Compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold Wake County Smart Start, Inc. and Wake County, its Board of Commissioners, officers, officials, employees, agents, volunteers, and consultants harmless from and against any and all liability, loss, damage, claims, causes of action, demands, charges, fines, costs, and expenses which may arise from the failure of the above-mentioned business to comply with any such laws or regulations.

Provider's Signature _____ Date _____

Title _____