**Oklahoma State University
Service Provider Insurance Exception Form**

**INSTRUCTIONS:** *Form to be completed in Word Format
 Email completed form in Word Format to:* *insurance.exceptions@okstate.edu* *Each party will receive a copy of the approved or rejected form*

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| 1. **DATE**
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| 1. **DEPARTMENT**
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|       |
| 1. **SUPPLIER** *(include name, address, and phone number)*
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| 1. **WHAT SERVICE IS BEING PROVIDED** *(provide as much detail as possible about the services being performed, including but not limited to what equipment is to be used.)*
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| 1. **DATE OF SERVICE**
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| 1. **AMOUNT BEING PAID TO SUPPLIER**
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| 1. **HOW MANY PEOPLE ARE EXPECTED TO ATTEND AND WHO THEY ARE** *(students, faculty/staff, the public)*
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| 1. **REASON FOR EXCEPTION REQUEST**
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| 1. **ORIGINATOR (Type Name)**
 |       | *(submitter)* |
| **REQUEST AUTHORIZED BY (Type Name)** |       | *(Dept/Unit Head)* |
|  |       | *(As Required)* |

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|  | ***To be completed by the Office of Risk and Property Management*** |  |
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|  | **Reviewed by:** |  |  |  | **Date:** |       |  |
|  |  |  |  |  |  |  |  |
|  | **Note to department (optional)** |  |
|  |       |  |
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|  | [ ]  | **Exception Approved** |  |  |  |  |  |
|  | [ ]  | **Exception Denied** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Reason for denial** |  |
|  |       |  |
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|  | **Form Distribution** |  | **DEPARTMENT** |  |  | **PURCHASING** |  |
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|  | ***Approved form should be attached to the requisition in OK Corral.*** |  |
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