



# Insurance Procurement Waiver

Texas A&M University System  
System Risk Management  
(979)458-6330 <http://tamus.edu>

**System Member:**

**Requesting Department:**

**Department Contact:**

**Phone #:**

**Title:**

**Email:**

**Policy Type** (Liability, Property, Professional Liability):

**Policy Details** (Description of Operations/Activities being covered):

**Specific Reason for the Waiver:**

**Broker:**

**Policy Named Insured:**

**Policy Period:**

**Limits:**

**Premium:**

**Attachments** (please include quote, binder, and policy)

**Risk Manager Signature**

**Date**

**For Internal Use Only**

**Justification:**

**Approved**

**Not Approved**

**System Risk Management Signature:**

**Date:**