

INSURANCE EXEMPTION FORM

The District recognizes that some services for which it contracts involve relatively low levels of (liability) risk. Therefore, the District will exempt from the insurance requirements, contracts with a value of \$1,000 or less, for the following types of services:

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|---------------------------|-------------------------|
| (a) Speakers | (d) Musician Clinicians |
| (b) Workshop Facilitators | (e) Disc Jockeys (DJs) |
| (c) Assembly Performers | |

Steps:

1. **Complete the Contract for Services (B-140).** Describe the services that the contractor will provide. The contract must be for a speaker, workshop facilitator, assembly performer, music clinician or disc jockey to qualify for this exemption.
2. **Please answer “Yes” or “No”:** Will the contractor have an opportunity to have access to students without adult supervision? _____. If the answer is “Yes,” the contractor does not qualify for an exemption. Insurance is required and fingerprinting/background check is required.
3. **Please answer “Yes” or “No”:** Will speakers or assembly performers use animals in their presentation? _____. If the answer is “Yes,” the contractor does not qualify for an exemption. Insurance is required.
4. **Please answer “Yes” or “No”:** Will the services involve the use of chemicals or mechanical training aids? _____. If the answer is “Yes,” please describe: _____

If the contract is for a speaker, workshop facilitator, assembly performer, music clinician, or disc jockey, and you are able to answer “No” to the questions in steps 2, 3 and 4 above, the insurance requirements for this contract are exempted. Please complete the Contract for Services (form B-140), and complete the remainder of this form and attach to the B-140 in lieu of insurance documents. If the answer to question 4 is “Yes,” Risk Management will evaluate the risk involved and let you know if the insurance requirements for this contract are exempted or not.

Name of Contractor: _____

Description of Service: _____

Contract beginning and ending dates: (start date) ____ / ____ / ____, (end date) ____ / ____ / ____

Signature of Person Initiating Request: _____ . Date: ____ / ____ / ____

Signature of Manager of Chargeable Budget: _____ . Date: ____ / ____ / ____