



UVM Risk Management & Safety

Request for Insurance Exemption

Company Name:

Contact Name:

Email Address:

Telephone #:

Date:

What is the nature of your business? (Do you provide a service or product?)

How many employees do you have?

What insurance requirement are you taking exception to that UVM is requiring?

What insurance limits do you currently maintain for the insurance type noted above?

Why do you feel you cannot meet UVM's minimum insurance requirements?

(You will be able to e-mail a copy of this form to additional addresses as well.)