**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*](mailto: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:** | |  |  |
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|  | **Note to department (optional)** | | | | | | | | | | |  |
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|  |  | **Exception Approved** | | | | |  |  |  | |  |  |
|  |  | **Exception Denied** | | | | |  |  |  | |  |  |
|  |  | |  | | | |  |  |  | |  |  |
|  | **Reason for denial** | | | | | | | | | | |  |
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|  | **Form Distribution** | | | |  | **DEPARTMENT** | |  | |  | **PURCHASING** |  |
|  |  | | | | | | | | | | |  |
|  | ***Approved form should be attached to the requisition in OK Corral.*** | | | | | | | | | | |  |
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