



APPLICATION TO REQUIRE A MORE STRINGENT INDEMNIFICATION PROVISION

OFFICE OF MANAGEMENT AND BUDGET

SFN 58571 (07-2011)

*Attach a copy of the Proposed Contract or Solicitation and forward to the Risk Management Division

Name of Agency Submitting Request:		
Name of State Employee Submitting Request:		
Email:	Telephone Number:	Facsimile Number:
Type of service Agency is seeking to procure		
Agency's analysis of risk associated with this service and reason for requesting authorization to incorporate intermediate indemnification clause in the contract or solicitation. (Example: Inherent dangers in providing service; potential for injury or damage to third parties; contractor has supervision or control over activities required to provide services)		
Will Agency included a request in the negotiation or solicitation process that the potential vendor provide verification from vendor's insurer that insurer will agree to name the State as an additional insured pursuant to the intermediate indemnification provision? Yes No If not, why not?		
_____ Signature of Requesting Agency Representative		Date: _____
Determination by OMB Director Designee of appropriate indemnification level for the contract or solicitation: Signature: _____ Date: _____		