**Request to Waive Liability Insurance**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(name) (name of business or company)*

request that JCS-Inc. waive the requirement that I show proof of my commercial or professional liability insurance, based upon the nature of the service(s) I provide and the location where they are provided, to JCS-Inc. for the purpose of becoming a Educational Enrichment Partner with JCS-Inc.

I understand that if proof of liability insurance is requested by JCS-Inc. I will provide the requested document before my service(s) will be available to students.