



## COMMON CARRIER INSURANCE WAIVER REQUEST

**Solicitation Number:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**d/b/a (if applicable):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

The above named company certifies all items purchased by the City of Ocala will be delivered by Common Carrier, and at no time will the employees of our company be on the premises for delivery, or installation purposes.

**Authorized Representative Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

This waiver is only for the solicitation listed above. By submitting this waiver, vendor/company will not be required to have City of Ocala Standard Insurance coverage. **If at any time, vendor discontinues use of common carrier, the Buyer must be notified immediately and proof of insurance will be required prior to order processing.**