



# OREGON YOUTH AUTHORITY

## Insurance Waiver Mitigation Plan

Do you have a prior claim history?  No  Yes

What is your plan to address any claims?

What are your financial resources if there is a claim?

What protocols or procedures do you have in place to mitigate potential risk or claims being brought against you? (e.g., always two people in the room, videotaping, etc.)

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Type of Insurance Being Waived: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Amber Forster, Designated Procurement Officer/Chief Financial Officer