YOUR LOGO HERE



DATE

YOUR ORGANIZATION’S NAME

ADDRESS

Cultural Funding Program

1 Frank Ogawa Plaza, 9th Floor

Oakland, CA 94612

WE / I am requesting a waiver of the following insurance(s):

Workers Compensation – I do not have any employees.

Automobile Insurance – no vehicles will be used in this project.

Thank you for your consideration.

Kind regards,

YOUR SIGNATURE

PRINT YOUR FIRST AND LAST NAME AND TITLE