Office of the University Counsel
REQUEST FOR CONTRACT REVIEW AND INDEMNITY APPROVAL FORM

The Office of the University Counsel (“OUC”) reviews contracts from a legal perspective and offers advice on the legal consequences of UBC entering into the contract. However, the OUC is not in a position to assess the academic/financial/operational viability of contracts. Therefore, each originating unit is required to review any contract it wishes UBC to enter into and to complete the following form confirming that it has done so. The OUC will then conduct its review and coordinate having the contract signed by the appropriate UBC signing officers.

Part 1. To be completed by originating unit.

Name of Originating Unit: ____________________________________________

Contract Title/Identifier: ____________________________________________

Estimated Value of Contract: _________________________________________

Is this a renewal of an existing contract?  □ Yes (Attach existing contract.)  □ No

Return signed contract □ by PDF (standard method where no original “wet ink” signatures required)
□ by campus mail  No. of “wet ink” originals required: ____________
□ call when ready to pick up (including 1 original to be retained by OUC)

Contact Person in Unit:  
Name: ____________________________  Name: ____________________________
Title: ____________________________  Title: ____________________________
E-Mail: __________________________  E-Mail: __________________________
Phone: __________________________  Phone: __________________________
Mailing Address: __________________________

______________________________  __________________________
Mailing Address: __________________________  __________________________

I, ____________________________, state:
(Print name of Head of Originating Unit)

• My Unit, including the finance director where appropriate, has reviewed the contract.
• My Unit has obtained any approvals that are required from the Senate or Council of Senates.
• I acknowledge that, where uncertain, it is my responsibility to consult with UBC Human Resources as appropriate and I confirm that the contract does not raise any labour or employment issues.
• I confirm that the purpose and context of this agreement are accurately summarized in the space below.
• I confirm that all of the representations and warranties to be made by UBC in the contract are accurate except as specifically highlighted in the space below.
• I have considered whether the contract is precedent-setting or involves sensitive issues and confirm that any elements that might reasonably trigger such concerns are specifically highlighted in the space below.
• I understand that my Unit is responsible for meeting all of the obligations outlined in the contract.
• I recommend that the contract be executed on behalf of UBC.

(Space for purpose/context, unconfirmed representations/warranties, and precedent-setting/sensitive issues. Attach additional page(s) if necessary.)

Signature of Head of Originating Unit ____________________________ Date ____________________________
Part 2. To be completed by the Office of the University Counsel

Reviewed by: ____________________________________________________________
(Print name of Legal Counsel or Paralegal)

Contract Start Date: _________________  Contract End Date: _________________

Contract Recommended for Execution:  
[ ] Yes  
[ ] No  
[ ] Further review required by University Counsel or Associate University Counsel

Appropriate Signing Resolution # ________

Rationale, if Contract Recommended for Execution under SR #1:  
[ ] Exceeds value of Signing Resolution # ________  
[ ] No other applicable Signing Resolution

Insurance Reviewed by SRS:  
[ ] N/A (no insurance language)  
[ ] Yes  
[ ] No

If there is indemnity language:

- Indemnity effective date: ___________________________________________________________

- [ ] Indemnity termination date: _________________, or  
  [ ] Indemnity survives contract, or  
  [ ] Indemnity terminates with contract but contract has no set completion date, or  
  [ ] Other: ___________________________________________________________

- Indemnity Approved by Legal Counsel or Recommended by Paralegal for Approval by University Counsel or Associate University Counsel per Ministry-approved Indemnity Approval Process:  
[ ] Yes  
[ ] No

Comments or Concerns identified by Legal Counsel or Paralegal (if any):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(Attach additional page(s) if necessary.)

Signature of Legal Counsel or Paralegal  Date
Reviewing Contract

Signature of University Counsel, Associate University Counsel, or Legal Counsel Approving Indemnity  Date
(only required where indemnity has been reviewed by Paralegal)