

**Work Authorization #** \_\_\_  
to Vendor Services Agreement No. \_\_\_\_\_ ("Agreement")

*[Note: Service Provider's Proposal or Quotation may be substituted for a Work Authorization provided it contains all relevant information delineated below and **does not contain additional terms and conditions not agreed to by the parties.**]*

<p><b>[Note to Drafter: Add SAS Subsidiary name and address.]</b></p>	Service Provider:		
	Address:		
	Taxpayer ID/VAT/GST Number:	Territory:	Currency:

**1. Description of Services.** Service Provider shall provide the following Services:

**[Note to Drafter: detail the services to be rendered or attach and reference Supplier's quote.]**

Location:

**2. Payment.** As full and complete consideration for the rights granted and the Services performed hereunder, SAS shall pay Service Provider as follows:

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Any provision of Services by Service Provider after such amount has been reached shall be at no additional charge. *[Note to Drafter: This sentence may be omitted if it does not apply to the payment details supplied above.]*

Please send invoice(s) to: **[Note to Drafter: Add SAS Subsidiary name and address.]**

Attn: \_\_\_\_\_.

**3. Insurance.** The following insurance requirements are in addition to or update those stated in the Agreement:

Professional Liability Insurance as described  below is required for this Work Authorization *unless* the following box is checked.

*Professional Liability* - coverage of \$1,000,000 per occurrence/claims-made basis

Cyber Liability Insurance as described below is  required for this Work Authorization *unless* the following box is checked.

*Cyber Liability* – coverage of \$5,000,000 per occurrence and aggregate, covering network and privacy risks (including coverage for unauthorized access, failure of security, breach

of privacy perils, wrongful disclosure of information, notification costs, and regulatory defense) in the performance of Services for SAS or on behalf of SAS. Such insurance shall be maintained in force at all times during the term of the Agreement and for a period of two (2) years thereafter for Services completed during the term of the Agreement

4. **Start Date.** \_\_\_\_\_.

5. **Completion Date.** \_\_\_\_\_.

6. **Project Managers.**

**Service Provider:** Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**SAS:** Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

7. **Complete Agreement.**

The Agreement and this Work Authorization constitute the complete and exclusive statement of the parties' agreement about the Services under this Work Authorization and supersede all prior communications relating to the subject matter of this Work Authorization. This Work Authorization incorporates the terms of the Agreement in its entirety. In the event of any conflict between the Agreement and this Work Authorization, the terms and conditions of this Work Authorization shall control. Additional or conflicting terms on any current or future Service Provider documents unless accepted by SAS in writing are expressly rejected. The Agreement and this Work Authorization can be modified only in writing signed by an authorized signatory of the parties. Both SAS and Service Provider have read the Agreement and this Work Authorization, understand them, and accept their terms.

This Work Authorization shall be effective upon the last dated signature below.

Executed by Service Provider:

Executed by **[Note to Drafter: Add SAS Subsidiary name.]**:

Authorized Signature:

Authorized Signature:

\_\_\_\_\_

\_\_\_\_\_

Name:

Name:

\_\_\_\_\_

\_\_\_\_\_

Title:

Title:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_