

Request for Subrogation Waiver

Please complete the information below to request the addition of a subrogation waiver to your policy. A subrogation waiver may only be obtained if your company performs work under a written contract that requires such a waiver. You must maintain payroll records accurately segregating the payroll of your employees engaged in the specified job(s).

Please contact your Account Manager at 844-761-8400 if you have any questions.

General Information

Policyholder Name _____
FEIN _____
Policy Number _____
Waiver Type Requested Blanket Waiver Specific Waiver (if applicable, please complete fields below)

Job Information for Specific Waiver

Job Effective Date(s) From _____ To _____
Job Name or Number _____
Person or Organization _____
Brief Description of Job _____
Complete Address _____
Employee Class Code _____ Employee Class Code _____ Employee Class Code _____
Payroll Amount _____ Payroll Amount _____ Payroll Amount _____

Job Information for Specific Waiver

Job Effective Date(s) From _____ To _____
Job Name or Number _____
Person or Organization _____
Brief Description of Job _____
Complete Address _____
Employee Class Code _____ Employee Class Code _____ Employee Class Code _____
Payroll Amount _____ Payroll Amount _____ Payroll Amount _____

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Payroll Amount _____ Payroll Amount _____ Payroll Amount _____

Submitter Information

Completed by _____ Date _____
Title _____ Signature _____