



## 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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Complete Address \_\_\_\_\_  
Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_  
Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_

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Complete Address \_\_\_\_\_  
Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_  
Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_

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Complete Address \_\_\_\_\_  
Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_ Employee Class Code \_\_\_\_\_  
Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_ Payroll Amount \_\_\_\_\_

### Submitter Information

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Signature \_\_\_\_\_

**Fax the completed form to us at 844-761-8402 or email it to [customerrelations@omahanational.com](mailto:customerrelations@omahanational.com).**