



## GENERAL FORMS

Use these forms as needed and send to Omaha National. Forms may be faxed to 844-761-8402.



### **Request for Subrogation Waiver:**

Use this form to request to have a subrogation waiver added to your policy.



### **Form ERM-14 - Confidential Request for Ownership Information:**

Changes in ownership may impact your policy and the factors used to determine your premium. These changes must be reported to us right away.



### **Company Contacts Verification:**

This form is used to provide your company contacts for questions and issues pertaining to your payroll and/or workers compensation policy.