



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.



DCRB 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.