# 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 _____

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Job Effective Date(s) From _____ To _____

Job Name or Number _____ Person or Organization _____

Brief Description of Job _____

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Employee Class Code _____ Employee Class Code _____ Employee Class Code _____

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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 accountmanagement@omahanational.com.**

For your protection Florida law requires the following to appear on this form:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.