

WAIVER OF SUBROGATION INFORMATION REQUEST

INSURED'S NAME: _____

POLICY NUMBER: _____ POLICY EFFECTIVE DATES: _____

EFFECTIVE DATES OF WAIVER REQUEST _____

1. Name and address of the firm/company requesting the waiver:

2. Is this a contract requirement? _____

3. Requesting firm is:

Architect/Engineer General Contractor Government
Property Owner/Developer Subcontractor Other (Please Specify)

4. Job Description:

5. Physical Location of Job:

Residential Commercial Industrial

6. Start of Job: _____ Estimated Duration of Job: _____

7. Class Codes Payrolls # Employees (FT/PT) Location

8. Will the requesting firm be directly supervising the insured's operations? _____

9. Will requestor's employees be doing the same type of work as our insured? _____

10. Are there any abnormal exposures for this job? (Please be specific):

****PLEASE NOTE****

ALL PAYROLL RECORDS FOR THE JOB CARRYING THE WAIVER MUST BE KEPT SEPARATE FOR PREMIUM AUDIT PURPOSES.

BLANKET WAIVERS ARE NOT AVAILABLE IN ALL STATES. PLEASE CONTACT US IF YOU REQUIRE A BLANKET WAIVER SO WE CAN VERIFY THEIR AVAILABILITY