



# WAIVER OF SUBROGATION REQUEST FORM

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

INSURED'S NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_

NAME AND ADDRESS OF THE ENTITY REQUESTING THE WAIVER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THIS A CONTRACT REQUIREMENT? Yes No

REQUESTING ENTITY IS:

GENERAL CONTRACTOR SUBCONTRACTOR GOVERNMENT

PROPERTY OWNER/DEVELOPER ARCHITECT/ENGINEER

OTHER (PLEASE SPECIFY) \_\_\_\_\_

JOB DISCRIPTION: \_\_\_\_\_

START DATE OF JOB: \_\_\_\_\_ APPROXIMATE END DATE \_\_\_\_\_

ESTIMATED JOB PAYROLL \$ \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

WILL REQUESTING FIRM BE DIRECTLY SUPERVISING THE INSURED'S OPERATIONS? Yes No

WILL THE REQUESTER'S EMPLOYEES BE DOING THE SAME TYPE OF WORK AS OUR INSURED? Yes No