

WAIVER OF SUBROGATION INFORMATION REQUEST

INSURED NAME: _____

POLICY #: _____ EFFECTIVE DATE OF WAIVER: _____

WAIVER TYPE: SPECIFIC: _____ BLANKET*: _____

*In order to consider a **blanket waiver**, the following information is required:

A list of jobs, companies, and project locations from the past six months and any prospective jobs with locations (please include a brief description of the duties the employees are performing).

CERTIFICATE HOLDER NAME AND ADDRESS REQUESTING THE SPECIFIC WAIVER:

CONTRACT OR PROJECT NUMBER: _____

CONTRACT / PROJECT LOCATION: (Please include street address and state)

JOB DESCRIPTION:

START/COMPLETION DATES: _____ - _____ PROJECTED LENGTH OF JOB: _____

Codes	Payrolls	# Employees (FT/PT)	Location
	\$		
	\$		
	\$		
	\$		
	\$		

PLEASE NOTE:

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

**SPECIFIC AND BLANKET WAIVERS DO NOT ROLLOVER TO A POLICY THAT HAS RENEWED. YOU WILL NEED TO PROVIDE THESE SPECIFIC OR BLANKET WAIVER REQUESTS TO YOUR UNDERWRITER AT BINDING SO THEY CAN BE PROCESSED FOR EACH RENEWAL.