



Application for Waiver of Subrogation

Insured's Name: _____

Policy Number: _____

Waiver Type Requested: Blanket Specific

Section A (Specific Waiver Only):

Please provide the following information:

Name of entity requesting waiver: _____

Contract Number: _____ Waiver Effective Date: _____

Location of job: _____

Description of job: _____

Class Code	Payroll	# Employees (FT/PT)

Insured's Signature _____ Date _____