

WAIVER OF SUBROGATION INFORMATION REQUEST

INSURED'S NAME: _____

POLICY NUMBER: _____

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:

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.