

The following information must be received and approved by the underwriter, prior to any transfer of rights (waiver of subrogation) endorsement being issued.

Named Insured: _____

Policy Number: _____ Policy Effective Date: _____

Effective date of Waiver Requested: _____

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

2. What is the project contract number? _____

3. The requesting firm is a(n): Architect/Engineer General Contractor Government Agency/Entity
 Property Owner/Developer Subcontractor
 Other (Specify): _____

4. Description of work being performed under the contract: _____

5. Complete physical address location of the job project: _____

6. Work project start date: _____

7. Estimated duration of the job project: _____

8.

Class Codes	Payrolls	No. of Employees (FT/PT)	Location

9. Will the requesting firm be directly supervising the insured's operations? Yes No

10. Will requestor's employees be doing the same type of work as our insured? Yes No

11. Are there any unusual exposures or operations being performed for this job? Yes No If yes, describe: _____

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