

Request for Specific Waiver of Subrogation Endorsement

Preferred Insurance Partner for the Staffing and PEO Industry

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

Vai	ned Insured:			
Policy Number:		Policy Effective Date:		
ffe	ctive date of Waiver Requested	d:		
	Name and address of the firm,	/company/certificate holder requesting t	ne waiver:	
<u>2</u> .	What is the project contract n	umber?		
5.	The requesting firm is a(n):	☐ Architect/Engineer☐ Property Owner/Developer☐ Other (Specify):	☐ General Contractor☐ Subcontractor	☐ Government Agency/Entity
	Description of work being per	formed under the contract:		
i.	Complete physical address loo	cation of the job project:		
		cation of the job project:		
).	Work project start date:			
).	Work project start date:			
-	Work project start date: Estimated duration of the job Class Codes Will the requesting firm be dire	project:	No. of Employees (FT/PT)	

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