



Request for Information – Waiver of Subrogation

Note: All requests for specific/individual Waiver of Subrogation endorsements must have this form completed and sent along with the Certificate of Insurance naming the certificate holder as the requestor of the specific waiver.

Date: _____

Policy #: _____ Policy Period: _____

Name and address of the party requesting the waiver:

Relationship of the party requesting the waiver:

____ General Contractor ____ Property Manager ____ Property Owner ____ Franchisor
____ Other (specify) _____

Job Address: _____

Starting date of job: _____ Estimated duration of job: _____

Specify work being performed:

Number of Insured's employees involved in the job: _____

Estimated payroll for the job:

\$ _____

