

## 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:

\$ \_\_\_\_\_