

## **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:**

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**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:**

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**Number of Insured's employees involved in the job:** \_\_\_\_\_

**Estimated payroll for the job:** \$ \_\_\_\_\_