

Referral for Waiver of Subrogation Request

(either Specific or Blanket Request)

Date: _____

Policy #: _____

Policy Period: _____

☐ Specific Waiver Request

- Name and complete address of the party requesting the waiver: _____

- List types of work performed by the employees of the party requesting the waiver that are conducted in/around the area where our insured is working: _____
- Relationship of the party requesting the waiver:
 - ☐ General Contractor ☐ Franchisor ☐ Property Manager ☐ Property Owner
 - ☐ Other (please specify): _____
- Job Address: _____

- Work being performed by our insured (please specify): _____

- Date job (exposure) begins: _____ Estimated Duration: _____
- Number of employees involved: _____ Total dollar amount of payroll for the job: \$ _____
- During the policy term, will the insured perform work for any other company besides the one requesting this waiver? ☐ Yes ☐ No

☐ Blanket Waiver Request

If this request is for a Blanket Waiver of Subrogation, the following information is needed:

- What is the estimated number of waivers requested during a policy term? _____ Are they all for the same company?
 - ☐ Yes ☐ No
- If more than one waiver is needed, will the insured perform the same type of work for each job?
 - ☐ Yes ☐ No

Please describe the type of work being performed: _____
