

## Request for Information – Specific Waiver of Subrogation

All requests for specific/individual Waiver of Subrogation endorsements must have the below 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: \_\_\_\_\_

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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: \_\_\_\_\_

Class code and estimated payroll for the job:

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