



**SPECIFIC WAIVER OF SUBROGATION REQUEST FORM**

**Insured Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Broker:** \_\_\_\_\_

**Name and address of the entity requesting the specific waiver:** \_\_\_\_\_

\_\_\_\_\_

**Type of work performed by the entity requesting the specific waiver:** \_\_\_\_\_

\_\_\_\_\_

**Contract Number (if applicable):** \_\_\_\_\_

**Effective date of job/work being performed and time frame of job:** \_\_\_\_\_

\_\_\_\_\_

**Location of work to be performed by the Insured :** \_\_\_\_\_

\_\_\_\_\_

**Description of work to be performed by the Insured :** \_\_\_\_\_

\_\_\_\_\_

**Payroll information for work performed by the Insured under this contract:**

State

Class Code

Payroll