

Information needed for Waiver of Subrogation

Insured Name: _____

Policy (s) Numbers: _____

Complete name and Address of entity requesting the waiver of subrogation: _____

Job Location: _____

Description of Job: _____

Length of Job: _____

Total Payroll of the job requiring the waiver: _____

Is the payroll for the job already accounted for on the policy? _____

Insured Signature: _____

Submit this information to Insurance Solutions for we can have it review by the company and their approval (Approval is not guaranteed).