

## 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).