



# WAIVER OF SUBROGATION REQUEST FOR WORKERS' COMP

In order to expedite your request for a waiver of subrogation, please supply exact details of the job they will be performing:

Policyholder Name	Policy No.
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Name and address of 3rd party from whom the waiver of subrogation is being requested:

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1. Is requesting party an Additional Insured under our Ultraflex<sup>SM</sup>/General Liability policy?  Yes  No
2. Does the job location present hazardous conditions to our Insured's employees? (i.e., blasting, demolition, nuclear, asbestos)  Yes  No
3. Does job description fit classification on policy?  Yes  No
4. Specific location of the job – street address (if available), city, state and zip code:  
(If "various" or "ongoing," we need general location and description of operations being done.)

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(a) Job number: \_\_\_\_\_

(b) If other than a "3A" state on our policy, are resident workers hired from that state?  Yes  No

(c) Start date of job: \_\_\_\_\_

5. Total payroll for the specific job being performed or total payroll for "ongoing" jobs. \$ \_\_\_\_\_

**\*\*Please attach this questionnaire to a copy of the certificate request.**