

**UNDERWRITING CRITERIA FOR WAIVER OF SUBROGATION**

The following information must be received and reviewed by the Underwriter for approval prior to any Waiver of Subrogation endorsement being issued to an insured's policy.

Policy Number: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

***A complete copy of the vendor's request requiring the Waiver of Subrogation must be attached, along with the following information:***

Certificate Holder Name exactly as it is to be shown on certificate \_\_\_\_\_  
Certificate Holder Mailing Address \_\_\_\_\_  
Location of requested job: \_\_\_\_\_  
Duration of job: \_\_\_\_\_  
Number of employees: \_\_\_\_\_  
Class Code(s) of employees: \_\_\_\_\_  
Description of the work to be performed under contract: \_\_\_\_\_  
Payroll dollars (records must be kept separately) to be expended for the job: \_\_\_\_\_  
Is this payroll already included in the current estimated payroll on the policy \_\_\_\_\_