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Request for Specific Waiver of Subrogation

Please provide the following information and attach a copy of the agreement requiring the waiver.

Named Insured:	
Policy Number:	
Requested Waiver Effective Date:	
Certificate Holder Name exactly as it is to be shown on endorsement:	
Certificate Holder Mailing Address:	
Location of specific job:	
Description of specific job:	
Expected job duration:	
Classification code(s) applicable to job:	
Estimated number of insured's employees assigned to job:	
Total estimated payroll associated with the job (separate payroll records must be maintained):	
Is estimated payroll already included in the current estimated payroll on the policy?	