



WORKERS' COMPENSATION INSURANCE PLAN
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Workers' Compensation
and Employers Liability
Insurance Policy

Date of Mailing:

Policy Number	Policy Period From	To
	12:01 A.M. Standard Time at the described location	

WAIVER OF SUBROGATION ENDORSEMENT REQUEST FORM

A/R

ITEM 1 - Named Insured and Address	Agency

Intrastate ID:

Tax ID #:

Bureau Risk ID:

State ID #:

To add a waiver of subrogation to this policy, the following information is needed. Please fill out this form completely.

1. Name of the company to be listed on the endorsement. Please note, blanket waivers (which include language such as: "Subsidiaries, affiliates, owners, agents, stakeholders, parents, etc.") cannot be included in the endorsement:

2. Class code(s) and payroll associated with the project for which the waiver is being completed:

3. An expected project end date. If the contract is ongoing and needs to be carried over to each policy term, please note that information.

Please attach a copy of the contract between the policyholder and the third party requesting the waiver. Note the contract must be signed by both parties and must include specific language indicating the waiver is required.

Sincerely,

Underwriting Department
Assigned Risk Solutions
Policy@AssignedRiskSolutions.com