



## Waiver of Subrogation Information Request

Policyholder Name:

Policy Number:

Policy Effective Dates:

Today's Date:

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1. Name and Address of the firm/company requesting the waiver:

2. Is this a contract requirement?      Yes              No

3. Job Description

4. Physical Location of Job:

5. Effective Date of Job:

Expiration Date of Job:

6.

Class Codes	Payrolls	#Employees (FT/PT)	Location

***Please notify your broker if a waiver needs to be carried over to a renewal policy, or if the job/contract requiring the waiver has been terminated.***

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