



Insured's Name:

Policy Number:

Policy Effective Dates:

Effective Dates of Waiver Request:

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

2. Is this a contract requirement?      Yes      No

3. Requesting firm is:

Architect/Engineer

General Contractor

Government

Property Owner/Developer

Subcontractor

Other (please specify)

4. Job Description

5. Physical Location of Job:

Residential

Commercial

Industrial

6. Start of Job:

Estimated Duration of Job:

7.

Class Codes	Payrolls	#Employees (FT/PT)	Location