



Waiver of Subrogation Information Request

Insured's Name:

Policy Number:

Policy Effective Dates:

Today's Date:

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 when a waiver is no longer needed or you will continue to be charged for it.

54 Third Avenue • P.O. Box 4070 • Burlington, MA 01803-0970 • Tel: 781.221.1600 / 800.876.2765 • Fax: 781.270.5599

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