



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

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