

# REQUEST FOR A WAIVER OF SUBROGATION

**CUSTOMER NAME:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

## Waiver of Subrogation Information

Please provide the following additional information in order for us to efficiently process your Policy Change Request.

1. Name of Client requesting the WOS: \_\_\_\_\_

2. Copy of the contract requiring WOS: \_\_\_\_\_

3. Length of job: \_\_\_\_\_

4. Type of Temporaries or Leased Employees on the job: \_\_\_\_\_

\_\_\_\_\_

5. Payroll for the Temporaries or Leased Employees: \_\_\_\_\_

\_\_\_\_\_

6. Revenue for the job: \_\_\_\_\_

-----**FOR LHU USE ONLY**-----

### **SEND TO:**

Underwriter: \_\_\_\_\_

Company: \_\_\_\_\_