



AmTrust North America
Technology • Rochdale • Wesco Insurance

Please send completed form to
Michelle St. Angelo at
mstangelo@massagent.com or
via fax to (508) 634-2930.
Questions? Call (508) 634-7364.

APPLICATION FOR WAIVER OF SUBROGATION

Insured's Name: _____

Policy Number: _____ Policy Effective Dates: _____

Requesting Blanket or Specific Waiver: _____

Complete name & address of the certificate holder:

Is this a contract requirement? _____

Requesting firm is:
Architect/Engineer General Contractor Government Agency
Property Owner/Developer Subcontractor Other (Please Specify) _____

Complete name and address of the physical job location include contract or project#:

Please include sections of the contract detailing job duties and insurance requirements.

Start of Job: _____ Anticipated end of job: _____

Class Code	Payrolls	# Employees (FT/PT)
_____	_____	_____
_____	_____	_____

Totals: _____

Total amount of your contract _____

What will your employees be doing? _____

Number of subcontractors you will be using to complete the job? _____

What will the subcontractors be doing?

Do you require proof of coverage in the form of a certificate with a waiver of subrogation in your favor from your subs? _____

May we request a copy? _____

All questions must be answered. Failure to do so will delay our underwriting review of your request for a Waiver of Subrogation. Completion of this form does not guarantee approval. Approval time will be 48-72 hours following our receipt of all required information.

Please sign: _____