

SERVICE CENTER

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**APPLICATION FOR WAIVER OF SUBROGATION**

DATE:

INSURED:

POLICY NUMBER

Complete name and address of the certificate holder:

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Is this the same address as the job location? If not, please list the address of the job location:

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**Please include the below information:**

Please provide a description of the job requiring the waiver.

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What is the total payroll of the job requiring the waiver?

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Is the payroll already accounted for on the policy?

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Which location should this payroll be moved from?

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What is the relationship of the third party to the insured?

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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: \_\_\_\_\_

Should you have any questions, please feel free to give me a call at any time.

Sincerely,

**The Hartford,**

**Phone:**

**Fax:**

cc: E-Comp Electronic Payment Ins 57101702