

Initial Hara

Specific Waiver of Subrogation Job Exposure Worksheet

Failure to include complete and correct information on the Job Exposure Worksheet will result in the delay of processing the requested wavier of subrogation. Please note the following requirements:

- 1. In the Insured section please include the current name of insured as listed on the policy (do not include the DBA).
- 2. Please include the policy number as shown on the current policy.
- 3. Please note that if the job dates extend beyond the policy expiration date that the waiver will not rollover to the renewal policy. You will need to advise your underwriter that a waiver is required for the renewal policy.
- 4. In the Name/Address of Party Requesting Waiver section the name and address must match the information exactly as it is listed on the certificate of insurance in addition to any required wording. (Note: Additional insureds cannot be included on the workers compensation waiver.)
- 5. Please note that the job location address on the waiver must be a physical address.
- 6. Please include a class code and description for every job that is listed on the exposure worksheet. Failure to include the class code and description will inhibit the waiver from being processed.
- 7. Please acknowledge by initialing below once a specific waiver is endorsed on your policy it CANNOT be deleted. No exceptions will be made.

nsured:			Policy Number:		
Policy Term:					
Work Description:					
Is this for an OCIP job? ☐Yes ☐	No				
Job/Contract Number:					
Job Location/Job Name:					
Required by contract? ☐Yes ☐]No				
Work Dates: From:	To:				
Is this request for a bid? □Yes □No					
Name of Party Requesting Waiver:					
Address of Party Requesting W	aiver:				
Reason for Specific Waiver:					
CLASSIFIC.		CLASSIFICATION D	ESCRIPTION	JOB PAYROLL	BASE RATE
Requestor:					