

SERVICE CENTER



APPLICATION FOR WAIVER OF SUBROGATION

DATE:
INSURED:
POLICY NUMBER:

Complete name and address of the certificate holder:

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

Please include the below information:

Please provide a description of the job requiring the waiver.

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

Is the payroll already accounted for on the policy?

Which location should this payroll be moved from?

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

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: _____

Please return to:
Michelle St. Angelo, CISR
Program Manager
Number One Insurance Agency
508-634-7364 (direct)
508-634-2930 (fax)
mstangelo@massagent.com