

WAIVER OF SUBROGATION INFORMATION REQUEST

INSURED'S NAME: \_\_\_\_\_

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

AGENT: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

1. Name and address of the firm/company requesting the waiver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this a contract requirement? \_\_\_\_\_ Contract number \_\_\_\_\_ (If applicable)

3. Requesting firm is: (circle all that apply)

Architect/Engineer

General Contractor

Government

Property Owner/Developer

Subcontractor

Other (please specify)

4. Job Description:

\_\_\_\_\_  
\_\_\_\_\_

5. Physical Location of Job:

\_\_\_\_\_  
\_\_\_\_\_

6. Start of Job: \_\_\_\_\_ Estimated Duration of Job: \_\_\_\_\_

7. Will the requesting firm be directly supervising the insured's operations? \_\_\_\_\_

8. Are there any abnormal exposures for this job? (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ CSR: \_\_\_\_\_

\*\*\*CERTIFICATE OF INSURANCE IS ISSUED BY THE AGENT INDICATING THE WAIVER AND A COPY IS FORWARDED TO SCHBSIF FOR THEIR FILE.