



AmTrust North America  
Technology • Rochdale • Wesco Insurance

Please forward to:  
Barbara Lobdell,  
WC Underwriting Manager  
blobdell@massagent.com  
fax: (508) 634-2931

**APPLICATION FOR WAIVER OF SUBROGATION**

DATE:  
INSURED:  
POLICY NUMBER:

Complete name & address of the certificate holder:

\_\_\_\_\_

\_\_\_\_\_

Complete name and address of the job location:

\_\_\_\_\_

\_\_\_\_\_

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

Anticipated Start and Completion dates of the job: \_\_\_\_\_

Total amount of your contract \_\_\_\_\_

Your total estimated payroll allocated to the job: \_\_\_\_\_

Number of employees that you will have working at the job site: \_\_\_\_\_

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

What will they 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: \_\_\_\_\_

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

Sincerely,