

**SERVICE CENTER  
4401 MIDDLE SETTLEMENT RD  
NEW HARTFORD, NY 13413**

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:

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Complete name and address of the job location:

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**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?

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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 any time.

Sincerely,

**Phone: (866) 467-8730  
Fax: (800) 308-5459**