

ALIC WAIVER OF SUBROGATION INFORMATION REQUEST

THE FOLLOWING INFORMATION MUST BE RECEIVED AND APPROVED BY THE UNDERWRITER,
PRIOR TO ANY TRANSFER OF RIGHTS (WAIVER OF SUBROGATION) ENDORSEMENT BEING ISSUED

INSURED'S NAME: _____

POLICY NUMBER: _____ POLICY EFFECTIVE DATE: _____

EFFECTIVE DATE OF WAIVER REQUESTED: _____

1. NAME AND ADDRESS OF THE FIRM/COMPANY/CERTIFICATE HOLDER REQUESTING THE WAIVER:

2. WHAT IS THE PROJECT CONTRACT NUMBER? _____

3. THE REQUESTING FIRM IS A:

ARCHITECT / ENGINEER GENERAL CONTRACTOR GOVERNMENT AGENCY / ENTITY

PROPERTY OWNER / DEVELOPER SUBCONTRACTOR OTHER (PLEASE SPECIFY)

4. DESCRIPTION OF WORK BEING PERFORMED UNDER THE CONTRACT:

5. COMPLETE PHYSICAL ADDRESS LOCATION OF JOB PROJECT:

6. WORK PROJECT START DATE: _____ ESTIMATED DURATION OF JOB PROJECT: _____

7. CLASS CODES PAYROLLS # EMPLOYEES (FT/PT) LOCATION

8. WILL THE REQUESTING FIRM BE DIRECTLY SUPERVISING THE INSURED'S OPERATIONS? _____

9. WILL REQUESTOR'S EMPLOYEES BE DOING THE SAME TYPE OF WORK AS OUR INSURED? _____

10. ARE THERE ANY UNUSUAL EXPOSURES OR OPERATIONS BEING PERFORMED FOR THIS JOB? (PLEASE SPECIFY):

****PLEASE NOTE****

ALL PAYROLL RECORDS FOR THE JOB CARRYING THE WAIVER MUST BE KEPT SEPARATE FOR PREMIUM AUDIT PURPOSES.

*** BLANKET WAIVERS ARE NOT AVAILABLE.