

Waiver of Subrogation Endorsement Request

Date:

Policy Number:

Insured Name:

Policy Effective Date:

Request Details

Name of Party Requiring Waiver (Certificate Holder):

Address of Party:

Relationship to Insured (e.g., Landlord, Client):

Reason for Waiver:

Type of Coverage

General Liability

Workers Compensation

Auto Liability

Other (Specify): _____

Additional Notes / Special Instructions:

Signature

Print Name & Title

Date