

# Waiver of Subrogation Endorsement Request

**Date:**

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**Policy Number:**

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**Insured Name:**

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**Policy Effective Date:**

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## Request Details

**Name of Party Requiring Waiver (Certificate Holder):**

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**Address of Party:**

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

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**Reason for Waiver:**

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## Type of Coverage

☐ General Liability

☐ Workers Compensation

☐ Auto Liability

☐ Other (Specify): \_\_\_\_\_

**Additional Notes / Special Instructions:**

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Signature

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Print Name & Title

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Date