

# Simple Subrogation Agreement

## For General Liability Insurance

**Date:**

MM/DD/YYYY

**Insurer Name:**

Enter Insurer Name

**Insured Name:**

Enter Insured Name

**Policy Number:**

Enter Policy Number

**Claim Number (if applicable):**

Enter Claim Number

This Subrogation Agreement ("Agreement") is made on the date above between the Insurer and the Insured listed above.

WHEREAS, a loss has occurred under the General Liability Insurance policy described above;

AND WHEREAS, the Insurer has indemnified the Insured for such loss in accordance with the policy terms;

NOW, THEREFORE, in consideration of such payment, the Insured hereby assigns, transfers, and sets over to the Insurer all rights, claims, and interests the Insured may have against any party responsible for such loss, to the extent of the payment made.

The Insured agrees to assist and cooperate with the Insurer in enforcing any rights to recovery, and to execute any documents necessary to effectuate subrogation.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

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Insured Signature

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Insurer Representative Signature