



WAIVER OF SUBROGATION QUESTIONNAIRE

INSURED: _____

POLICY NUMBER: _____

EFFECTIVE DATE OF ENDORSEMENT: _____

NAME AND ADDRESS OF CERTIFICATE HOLDER:

ATTN: _____

PLEASE COMPLETE ALL QUESTIONS BELOW:

1. Description of operation:

2. What state is the payroll being reported for the employee doing the job: _____

3. Job cost or payroll: _____

4. Number of employees dedicated to the job: _____

5. How long will the job last? _____

6. How many trips will employees be making to job site: _____

7. Contract number: Job Number _____

8. Job Location: _____

Comments: