



Minnesota Workers' Compensation Assigned Risk Plan
Superior Point
Contract Administrator

Job Specific Waiver of Subrogation Endorsement Request

The following information must be received by Superior Point for approval prior to any waiver of subrogation endorsement being issued to an insured's policy. This request must be returned to Superior Point with a copy of the signed contract between the policyholder and the certificate holder. Submit requests to email arp@superiorpoint.com or fax to (800) 944-1169.

Please note: There will be an additional premium for all new and renewal policies effective 4/1/14: 5% of the payroll for the specific job times the appropriate classification rates divided by 100 are subject to a minimum premium charge of \$100.00.

All fields below are required.

Policy number: _____ Named insured: _____
Legal address: _____ Phone number: _____
Agent of record name: _____ Phone number: _____

Certificate holder name and address:

Nature of certificate holder's business: _____
Location(s) of contracted job(s): _____
Contract number: _____

Duration of job -
Beginning date: _____ End date: _____

Description of the work to be performed under the contract:

Payroll dollars be expended for the job
(payload records must be kept separately): \$ _____

Class code of employees: _____ Number of employees: _____