



Job Specific Waiver of Subrogation Endorsement Request

****Note: Waivers of Subrogation will not be issued while insured is in cancellation status****

The following information is required to add a Waiver of Subrogation endorsement to a Minnesota Workers' Compensation Assigned Risk policy. Any missing information will delay processing of the endorsement.

Cost to add endorsement: 5% of payroll for the specific job times the appropriate classification rate divided by 100, subject to a minimum of \$100.

Insured name: _____ Policy number: _____

Name and address of company requesting waiver:
(Additional language such as "its affiliates, subsidiaries, etc." cannot be included on waiver or certificate)

REQUIRED INFORMATION

A fully signed and executed contract between the insured and certificate holder must be provided with request form.

Location(s) of contracted job: _____

State working in: _____

Contract/project number _____

Beginning work date: _____ Ending date: _____

Description of work: _____

Amount of payroll expended for job: \$ _____ Class code(s): _____

Who is performing work: Insured only _____ Subcontractors _____ Employees _____

Submit request to arp@superiorpoint.com or fax to (800) 944-1169.