



"Your Workers' Compensation Solution"

Waiver of Subrogation Application

Reason for Waiver: Bid Work _____ Active Work _____ Date:

Type Requested: Blanket _____ Specific _____

Named Insured:

Policy Number:

Certificate Holder Name:

Certificate Holder Address:

Job Site Address:

Job Start Date: Job End Date:

Description of Work to be Performed:

Class Code	Class Code Description	Payroll
		\$
		\$
		\$
		\$
		\$

**** Cancellation notices to Certificate Holders are the responsibility of the party issuing the Certificate of Insurance. We do not provide notices to waiver holders and do not provide policy endorsements amending the statutory terms of cancellation. Waiver holders will only be listed as additional named insureds for workers' compensation if they are deemed combinable entities. ****

Requestor's Name

Date

Please return these forms to the sender or to policy@fcbifund.com.