Specific Waiver of Subrogation
Job Exposure Worksheet

Insured:	
Policy #:	
Policy Term:	

Work Description:				
Job / Contract Number:				
Job Location / Job Name:				
Required by Contract?	(Please circle yes or no)	☐ Yes	☐ No	
Work Dates:	From:		To:	

Name / Address Of Party Requesting Waiver:

Reason For Specific Waiver:	

Worksheet Used to Develop the WC Premium that Is Subject to the Specific Waiver Charge of 5%

Include only the payroll applicable to the job requiring the waiver.

CLASS CODE	CLASSIFICATION DESCRIPTION	JOB PAYROLL

Requestor:		