Liberty Mutual

Workers' Compensation

Waiver of Subrogation Endorsement Request Form

Please submit this form and return along with a copy of your Workers' Compensation Insurance Policy and a copy of the contract that requires the waiver of subrogation endorsement.

Policy Number: [redacted] Policy Period: [redacted] to [redacted]

Insured's Name: [redacted]

Address: [redacted]

Name and address of the entity or person requiring the waiver:

[redacted]

Is this a job that is already underway? Yes ☒ No ☐

Is this an emergency job? Yes ☐ No ☒

Type of Work Performed:

☐ Air Conditioning ☒ Mechanical Contracting ☐ Plumbing
☐ Pipefitting ☐ Refrigeration ☐ Other: [redacted]

Estimated Contract Amount: [redacted]

Name and address of the entity or person requiring the waiver:

[redacted]

Project Name and Address: Please provide a detailed description of work performed.

[redacted]

Anticipated Start and Completion Dates: [redacted]

Please list all locations where work is to be performed and the estimated payroll for each location.

State Where Work Performed	Estimated Payroll	# of Employees	Job Duties
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

PLEASE NOTE: Waiver of subrogation endorsements will not be issued for work performed by subcontractors unless a Certificate of Insurance evidencing coverage for subcontractors is provided to us prior to the effective date of the endorsement.

[redacted]