

Specific Waiver of Subrogation

Job Exposure Worksheet

Minimum premium: \$250

Insured:

Policy Number:

Policy Term: From: To:

Governing Code/Class:

Work Description:

Job / Contract Number:

Job Location / Job Name:

Required By Contract? No Yes Attach a copy of the contract.

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	Base Rate

Requestor:

Date: