

## TOWER GROUP CO.: WAIVER OF SUBROGATION

---

**\*\*\*Requests need to be submitted within 5 days of the waiver effective date otherwise a No Known Loss Letter is required.\*\*\***

Blanket waiver - Are always effective inception.

5% of total unmodified premium. No form necessary, just a request is sufficient.

5% of job premium subject to \$250 min.

Specific waiver -

2% of the unmodified premium developed in conjunction with the work for which the waiver is provided, subject to a minimum premium of \$100 per waiver.

The attached form must be completed in its entirety and returned along with the request, and with the certificate of insurance (Acord 25) that is being sent to the certificate holder.

Please be advised that only one entity will be listed on the each Specific Waiver and Miscellaneous broad entities such as 'Affiliates and Subsidiaries' cannot be included.

The following is required on the Specific WOS form:

- Producer Name
- Insured Name
- Policy Number (Specific WOS do not carry over to renewals)
- Effective Date of Waiver (Cannot be beyond 30 days of issuance)
- Certificate Holder Name/Address (Only one entity per Waiver)
- Contract or Project Number, is applicable
- Contract or Project Location (Street Address and State of work location)
- Job Description
- Start/Completion Dates (Start date should match Effective date of Waiver)
- Projected length of job
- Class Code, Payrolls and employees.

**TOWER GROUP CO.  
WAIVER OF SUBROGATION INFORMATION REQUEST**

PRODUCER NAME \_\_\_\_\_

INSURED  
NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ **Effective Date of Waiver:** \_\_\_\_\_

CERTIFICATE HOLDER NAME AND ADDRESS REQUESTING THE WAIVER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACT OR PROJECT NUMBER: \_\_\_\_\_

CONTRACT OR PROJECTION LOCATION: ( Please include street address and state)

\_\_\_\_\_  
\_\_\_\_\_

JOB DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_

START/COMPLETION DATES: \_\_\_\_\_

PROJECTED LENGTH OF JOB: \_\_\_\_\_

Codes	Payrolls	# Employees (FT/PT)	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*PLEASE NOTE:**  
ALL PAYROLL RECORDS FOR THE JOB CARRYING THE WAIVER MUST BE KEPT SEPARATELY FOR PREMIUM AUDIT PURPOSES.