



LUBA WORKERS' COMP
WAIVER OF SUBROGATION &/or ALTERNATE EMPLOYER
REQUEST

Check all that apply:

Waiver of Subrogation

Alternate Employer

Insured Name:

Policy #:

Name/Address of Company making request:

Location of the specific job:

Specific job being performed (provide job or project # if applicable):

Duration of the job:

Who will be supervising the insured's employees?

Please check if any of the following exposures apply to the above referenced operations:

- | | |
|---|----------|
| High-rise buildings (2 or more stories) | Explain: |
| Cranes | Explain: |
| Overhead power lines | Explain: |
| Blasting | Explain: |
| Oil or gas lines | Explain: |
| Rigging | Explain: |
| Work in confined spaces | Explain: |
| Asbestos or hazardous chemicals | Explain: |

Please provide the applicable workers' compensation classifications for the above referenced operations: _____

FOR INTERNAL USE ONLY	
Inception Date:	
Loss Ratio:	Premium:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eff Date:
Authorized by:	