

Workers' Compensation and Employers' Liability Insurance Policy

Old Republic Residual Market Services

Contract Administrator MN Assigned Risk Plan – 27821

PO Box 9325 Minneapolis, MN 55440-9325

Website: ormarks.com Phone: (612) 902-9240 Toll Free: (877) 347-3596 Fax: (612) 902-9241

WAIVER OF SUBROGATION ENDORSEMENT REQUEST

The following information must be completed in full and received by ORMARKS for approval prior to any waiver of subrogation endorsement being issued to an insured's workers' compensation policy. **This request must be returned to ORMARKS along with a copy of the signed contract between the policyholder and the certificate holder.**

Please submit request to policyservices@ormarks.com or fax to 612-902-9241.

Please note that there is an additional charge for each waiver issued at 5% of manual premium or a minimum of \$100.

All fields are required to be completed.

Policy Number: _____ Named Insured: _____

Legal address: _____ Phone number: _____

Agent of Record: _____ Phone number: _____

Certificate holder name and full address (street, city, state, & zip code)

Location(s) of contracted jobs) _____

Contract Number _____

Duration of Job

Beginning Date _____ End Date _____

Description of work to be performed under the contract:

Payroll dollars to be expended for the job:

(payroll records must be kept separately) \$ _____

Class code of employees: _____ Number of employees: _____