



**LCTA**  
WORKERS' COMP

*Our Business is Covering Yours™*

## REQUEST FOR BLANKET WAIVER OF SUBROGATION ENDORSEMENT

<b>LCTA Member #:</b>	<b>Member Name:</b>	<b>Date:</b>
<b>Estimated # of contractual requirements</b>		
<b>List some of the clientele that require the waiver of subrogation</b>		
<b>Provide description of the type of work to be performed:</b>		
<b>Will all work be performed by direct employees?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Comments</b>		
<b>COST</b>	<b>\$1,000.00</b>	

Agent Signature: \_\_\_\_\_

**FOR INTERNAL LCTA UNDERWRITING USE ONLY**

The Approval  / Denial  of elections are effective: \_\_\_\_\_

Authorized by: \_\_\_\_\_

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