MACKINAW
UNDERWRITERS, INC.
MEMBER OF AMERITRUST GROUP

WAIVER OF SUBROGATION
SUPPLEMENTAL APPLICATION

Producer Name:

Insured's Name:

Policy Number: | Effective Date of Waiver:

Certificate Holder Name and Address Requesting the Waiver

Contract or Project Number:

Contract or Project Location (Please include street address and state)

Job Description:

Start Date: | Completion Date: | 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.