STATE COMPENSATION INSURANCE FUND

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Waiver of Subrogation Endorsements

Policy Number (Policy #-YY):	
Company Name:	
Completed By Name:	
Completed By Title:	
Date Completed:	

The Waiver of Subrogation Endorsement states that the policyholder shall maintain payroll records accurately segregating the payroll of employees by classification while engaged in work for any entity holding a waiver of subrogation. Please provide payroll totals by classification assignment for each waiver of subrogation endorsed to your policy.

Name of Company	Payroll Amount *(Numeric value only)*	Classification

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