



LACKAWANNA INSURANCE GROUP

LACKAWANNA CASUALTY COMPANY • LACKAWANNA AMERICAN INSURANCE COMPANY
LACKAWANNA NATIONAL INSURANCE COMPANY

P.O. Box 270 Wilkes-Barre, PA 18703-0270 46 Public Square, Suite 501, Wilkes-Barre, PA 18701
(570) 824-1400 Fax: (570) 824-1913 www.ligins.com

Waiver of Subrogation

Informational:

1. What is the “*Waiver of Subrogation*”?

Waiver of Subrogation means your workers compensation insurance carrier waives its right to subrogate against a negligent third party. It eliminates the possibility of Lackawanna Insurance recovering any portion of workers compensation payments made as a result of a work related injury.

2. What is the “cost” of the *Waiver of Subrogation*?

There is a \$250 fee for the first *Waiver of Subrogation* request but no additional charge for future *Waiver of Subrogation* request per policy term.

3. Do we need to complete the *Waiver of Subrogation* questionnaire for each waiver request?

Yes, the *Waiver of Subrogation* is **NOT** a blanket waiver. Each waiver request will need to be submitted for underwriting approval.

Your experience modifier may be negatively impacted because the *Waiver of Subrogation* eliminates any recovery of loss payments from the responsible third party. Please be aware that Pennsylvania law cannot take away the rights of an injured worker to seek damages nor bring litigation against same third party.

Please complete the following:

Part A

1) Please verify the insured must have the waiver of subrogation by **providing a copy of the contract/agreement language asking for the *Waiver of Subrogation***. If there is no contract/agreement demanding the *Waiver of Subrogation*, no coverage will be considered.

Part B (job specific)

1) Please describe in detail what our insured’s employees will be doing for the waiver holder _____

2) Please describe the jobsite _____



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- 3) What is the estimated length of the job (week/month/intermittent) _____
- 4) What is the payroll estimate for this job? _____
- 5) How many of our insured's employees will be involved in this job? _____
- 6) Will our insured's employees be working with employees of the waiver holder? _____ If
yes, please describe in detail how they will interact.
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7) Please list the effective date of the waiver request. _____

8) Please provide the exact name and address as it is to be listed on the waiver endorsement.
