



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY WAIVER OF SUBROGATION REQUEST (WC 00 03 13)

Policyholder Name	Policy No.
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Name and address of Person or Organization requesting waiver of subrogation:

START DATE: _____ (MM/DD/YYYY) (If no specific start date, use request date as start date.)

WAIVER SELECTION: SPECIFIC: Contract / Job Number: _____
 BLANKET: "Organizations for which the Named Insured has agreed by written contract executed prior to the loss to furnish waiver"

LOCATION OF WORK PERFORMED:	STATE	STATE	STATE	PAYROLL
	<input type="checkbox"/> DC	<input type="checkbox"/> PA	<input type="checkbox"/> NC	\$ _____
	<input type="checkbox"/> IL	<input type="checkbox"/> TN	<input type="checkbox"/> NY	\$ _____
	<input type="checkbox"/> IN	<input type="checkbox"/> VA	<input type="checkbox"/> WI	\$ _____
	<input type="checkbox"/> MD	<input type="checkbox"/> WV		

MULTIPLE-STATE WAIVERS: A premium charge will be applied per state in accordance with ERIE's filings.

**NOTICE TO AGENT REGARDING WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
ENDORSEMENT WC000313**

The "Waiver of Our Right To Recover From Others Endorsement", WC000313 states that we, the Company, will not enforce our right to recover our payments from a person or organization named in the Schedule who may be liable for injury covered by the workers' compensation policy. This agreement only applies to the extent that the policyholder performs work under a written contract that requires this agreement from us.

PLEASE NOTE: The addition of this form is not a representation or assurance that the workers' compensation policy satisfies all insurance requirements that may be contained in contracts that the policyholder enters into with third parties. *Additionally, Agents are reminded that they remain responsible for validating that the work or jobs that are the subject of the waiver of subrogation are within the exposure and properly-rated class code description(s) for the policy.* Agents are tasked with independently confirming that risks are within acceptable underwriting guidelines and that any risks outside of accepted class code descriptions currently listed on the declarations page of the policy are reviewed with Home Office to determine continued eligibility with ERIE.

ONCE SUBMITTED, AN ELECTRONIC COPY OF THIS FORM WILL BE SENT TO THE FOLLOWING:

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| ERIE Workers Compensation Processing | ERIE Agent (Copy will appear in your Items Sent folder) |
| ERIE Certificate of Insurance Processing | ERIE Document Storage |