



LCTA
WORKERS' COMP

Our Business is Covering Yours™

REQUEST FOR SPECIFIC WAIVER OF SUBROGATION ENDORSEMENT

LCTA Member #:	Member Name:	Date:
Name of company requesting the waiver of subrogation:		
Complete address of company requesting the waiver of subrogation:		
Provide the location of the work to be performed:		
Provide specific description of work to be performed:		
Provide dates and length of the job:		
Is this an annual contract YES <input type="checkbox"/> NO <input type="checkbox"/>	Will the work be performed by direct employees? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Comments		
COST	\$100.00	

Agent Signature: _____

FOR INTERNAL LCTA UNDERWRITING USE ONLY

The Approval / Denial of elections are effective: _____
Authorized by: _____

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