[Date]

[Certificate Holder Name]
[Contact Person Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Issuance of Workers Compensation Waiver of Subrogation

Dear [Contact Name],

Please find enclosed the Workers Compensation Waiver of Subrogation endorsement for [Insured Company Name] regarding the project/contract referenced as [Contract/Project Number or Name].

As requested, [Insurance Carrier Name] has issued endorsement number [Endorsement Number] under policy [Policy Number]. This endorsement confirms that the insurer waives its right of subrogation against [Certificate Holder/Client Name] for any payments made under the terms of this workers compensation policy arising out of the operations performed by the insured.

Policy Period: [Start Date] to [End Date]

Please review the attached document to ensure it meets your contractual requirements. If you have any questions or require further documentation, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Agency/Company Name]

Enclosure: Endorsement [Number]