

**Name:** To Whom It May Concern

**From:** Alabama Self Insured Worker's Comp Fund  
P. O. Box 59509, Birmingham, AL 35259  
Phone: 1-888-515-1530 or 205-868-6900  
Fax: 205-868-6909  
Email Address: ChristinaT@ASIWCF.org  
Visit our Website at [www.ASIWCF.org](http://www.ASIWCF.org)

**Subject:** Waiver of Subrogation

As a Self -Insured Workers' Compensation Fund in Alabama we are not able to issue a Workers' Compensation policy and thus are not able to offer any of the Workers' Compensation endorsements. Below is the wording for Waivers of Subrogation requests, approved by our attorney, which can be added to a Certificate of Insurance issued by your office.

The Alabama Self-Insured Worker's Compensation Fund waives the right to bring an action against Certificate Holder to enforce any right of subrogation, which may arise from Alabama Self-Insured Worker's Compensation Fund's payment of workers compensation benefits. This waiver does not affect (1) the right of an employee of Member to bring an action for damages, or (2) Alabama Self-Insured Worker's Compensation Fund's right to intervene in such action to protect any interest in any proceeds of any such action. This waiver shall apply only if and to the extent required by Certificate Holder.

Please let us know if you have any questions.

Thank you,

Underwriting  
Alabama Self-Insured Worker's Compensation Fund