



A.I.M. Mutual Insurance Company  
Massachusetts Employers Insurance Company  
New Hampshire Employers Insurance Company  
Associated Employers Insurance Company

## Waiver of Subrogation Information Request

Insured's Name:

Policy Number:

Policy Effective Dates:

Today's Date:

(MM/DD/YYYY)

1. Name and Address of the firm/company requesting the waiver:

2. Is this a contract requirement?      Yes              No

3. Job Description

4. Physical Location of Job:

5. Effective Date of Job:

Expiration Date of Job:

6.

Class Codes	Payrolls	#Employees (FT/PT)	Location

**Complete the waiver and submit your request, indicating A.I.M. Mutual or AEIC in the drop down provided.**

NOTE: If a waiver needs to be carried over to a renewal policy, or if the job/contract requiring a waiver has been terminated, submit an endorsement request to [AIMMutualRequests@aimmutual.com](mailto:AIMMutualRequests@aimmutual.com) (A.I.M. Mutual policies) or [AEICRequests@aimmutual.com](mailto:AEICRequests@aimmutual.com) (AEIC policies).

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