

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 (A.I.M. Mutual policies) or AEICRequests@aimmutual.com (AEIC policies).