



## Property (Inland Marine) Loss Payee Request Form

### Organization Information:

Organization Name: \_\_\_\_\_

Insured Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Requesting Board Members Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Loss Payee Information:

Name of Loss Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Where to send Certificate (Email/Fax): \_\_\_\_\_  Same as above

Name/Description of Item: \_\_\_\_\_

Loss Payee Wording (if applicable, subject to approval): \_\_\_\_\_

Date to Add Loss Payee: \_\_\_\_\_ (Loss Payee will be added as of date received at AIM or policy effective date whichever is later to policy expiration, unless otherwise requested and approved by AIM)

### Acknowledgements:

Please note, adding a Loss Payee means you agree, in the event of payment being made under the policy in relation to the insured risk, that payment will be made to a third party rather than to the insured beneficiary of the policy.

Requesting Board Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Electronic Signatures are not accepted.

Please send to [aim@aim-companies.com](mailto:aim@aim-companies.com). Please allow 24 hours for processing.

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