

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)

Acknowledgments:

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. Please allow 24 hours for processing.

Association Insurance Management, Inc. PO Box 742946 | Dallas, TX 75374-2946 | Phone: 800-876-4044 - Fax: 214-360-0802