



EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS

Please complete and return this form to us. All information is required.

Date:		Effective Date:	
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CARRIER INFORMATION

Carrier No.	Carrier Name and Address
428A	A.I.M. Mutual Insurance Cos., P.O. Box 4070, Burlington, MA 01803

AGENT INFORMATION

Agent Name	Agent Phone Number

EMPLOYER INFORMATION

Employer Federal ID No.	Employer Name and Address

EXCLUDED OFFICERS OR MEMBERS

Specific titles must be provided. If a corporation, title such as President, Vice President, Treasurer or Secretary. If Limited Liability Company, Member or Manager.

DOB	NAME and ADDRESS	SPECIFIC TITLE

ALL OFFICERS OR MEMBERS NO LONGER EXCLUDED.