

**LEMIC INSURANCE COMPANY  
ALTERNATE EMPLOYER ENDORSEMENT  
QUESTIONNAIRE**

In order for the LEMIC Insurance Company to approve Alternate Employer Endorsement the following information must be obtained and submitted to Cannon Cochran Management Services, Inc. for review and approval.

**INSURED NAME:** \_\_\_\_\_

1. Is the Alternate Employer Endorsement required under contractual obligation? \_\_\_\_ YES  
\_\_\_\_ NO
2. If YES please furnish the provision in the contract requiring said .  
\_\_\_\_\_REQUESTED                      \_\_\_\_\_REQUIRED
3. Company requiring/requesting waiver of subrogation or change/exception.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
4. What is the expected length of this project (start and end dates if available)?  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
  
Or approximate length of project: \_\_\_\_\_  
If ongoing, please indicate as such: \_\_\_\_\_
5. Contract#: \_\_\_\_\_
6. Number of employees completing the job: \_\_\_\_\_
7. Location of job: \_\_\_\_\_
8. Provide detailed description of what the employees will be doing: \_\_\_\_\_  
\_\_\_\_\_

**LEMIC Insurance Company will not issue blanket  
waivers/exceptions/changes, but will issue individual  
waivers/exceptions/changes if the above are known and approval is received.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

June 2, 2009

