

**LEMIC INSURANCE COMPANY
CERTIFICATE OF COVERAGE EXCEPTIONS/CHANGES POLICY
QUESTIONNAIRE**

In order for the LEMIC Insurance Company to approve exceptions/changes to our Certificates of Coverage for LEMIC policy holder (i.e. Waiver of Subrogation, changes to cancellation procedure, etc.), the following information must be obtained and submitted to Cannon Cochran Management Services, Inc. for review and approval.

INSURED NAME: _____

1. Is the waiver/exception/changes being requested or required? If the waiver/exception/change is required, please furnish the provision in the contract requiring said exception/change.

_____ REQUESTED _____ REQUIRED

2. Company requiring/requesting waiver of subrogation or change/exception.

Name: _____

Address: _____

3. 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: _____

4. Contract#: _____

5. Number of employees completing the job: _____

6. Location of job: _____

7. 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