

ADDITIONAL INSURED REQUEST

Named Insured _____ Policy Number _____

Additional Insured Name _____

Additional Insured Address _____

City _____ State _____ Zip _____

Relationship/Interest to the Named Insured _____

Specific Location (Street Address) if applicable _____

City _____ State _____ Zip _____

Effective Date of Request _____

Description of activities performed for additional insured:

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Is there a written contract between the named insured and the additional insured?	Yes	No
Primary/Non-Contributory wording required. (Additional charge may apply)	Yes	No
Waiver of subrogation is required. (Additional charge may apply)	Yes	No
30 Day notice of cancellation required. (Additional charge may apply)	Yes	No