

ADDITIONAL INSURED QUESTIONNAIRE

*** If additional insured endorsement is required, please explain in detail, why the endorsement is needed. Include the amount of contract, start date-end date, type of work performed and job location and description. Most additional insured endorsements need to be project specific. Send a copy of the contract showing requirements for additional insured. Additional insured endorsements MUST be paid for prior to issuance.

The Policy holder must sign this request form.

1. Name and mailing address of entity requesting to be added as an Additional Insured:

Name

Address

City State Zip Code

Country

2. Operations of entity requesting to be added as additional Insured:

3. Additional insured's relationship to policy holder:

4. Type of work to be done for Additional Insured:

5. Project physical address:

Name

Address

City State Zip Code

Country

6. Is there a written contract between the Policy holder and the Additional Insured?
If yes, please include a copy with this request.

7. Contract cost of work to be done for the Additional Insured including materials:

8. Does the Additional Insured maintain primary insurance to cover the exposure at risk?

Signature of Policy holder: _____ Date: _____