



ADDITIONAL INSURED SUPPLEMENT
(Include Acord Application)

Applicant's Name: _____

Additional Insured: _____

Mailing Address: _____

The following questions **MUST** be answered before we will consider adding any additional insureds:

We will confirm approval of coverage of all additional insureds.

1. Is there a contractual obligation to name the additional insured? Yes No

If no, explain why needed: _____

2. Explain the relationship between the named insured and the additional insured.

3. What are the operations of the requested additional insured?

4. Does the additional insured maintain their own insurance to cover their own exposures? Yes No

Carrier Name: _____

5. Are there any out of state operations performed by the named insured? Yes No

If yes, please explain: _____

Fill out below if insured is involved in any construction related operations.

1. Description/Nature of Job: _____

2. Residential: _____ Commercial: _____

3. Dates of Job? Estimated Start Date: _____ Estimated Completed Date: _____

4. Project Location? _____

5. Cost of Job? _____

6. Contract Number: _____ Job Number: _____

7. For additional jobs, copy this section and complete.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____