

ADDITIONAL INSURED REQUEST

- NAMED INSURED _____ POLICY NUMBER: _____
- EFFECTIVE DATE OF REQUEST: _____
- NAME & ADDRESS OF ADDITIONAL INSURED: _____

- RELATIONSHIP / INTEREST TO THE NAMED INSURED: _____

- DESCRIPTION OF WORK BEING PERFORMED FOR ADDITIONAL INSURED: _____

- SPECIFIC JOB LOCATION: _____

- CONTRACT COST: _____
- IS THERE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED? YES NO
- IS A WAIVER OF SUBROGATION REQUIRED? YES NO
- COPY ATTACHED YES NO
- CONTRACT NUMBER: _____
- DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION? YES NO