

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
- COPY ATTACHED  YES  NO
- DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION?  YES  NO