



ADDITIONAL INSURED SUPPLEMENT
(Include Acord Application)

Applicant/Named Insured: _____
Mailing Address: _____
Location Address: _____
Website Address: _____ Phone: _____ Fax: _____
Policy Number: _____
Additional Insured Name: _____
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 above additional insured? Yes No
If no, explain why needed: _____
- 2. Explain the relationship between the named insured and the additional insured.

- 3. Describe the operations of the requested additional insured:

- 4. Does the additional insured maintain their own insurance to cover their own exposures? Yes No
If yes, provide Carrier name and policy number: _____
- 5. Are there any out of state operations performed by the named insured? Yes No
If yes, please explain: _____
- 6. Complete the following if insured is involved in any construction related operations.
 - a. Description/Nature of Job: _____
 - b. Residential Percent: _____ Commercial Percent: _____
 - c. Dates of Job: _____ Estimated Start Date: _____ Estimated Complete Date: _____
 - d. Project Location: _____
 - e. Cost of Job: _____
 - f. Contract Number: _____ Job Number: _____

Copy this section and complete for all additional jobs.

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.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

