ADDITIONAL INSURED SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____ _____
_____ _____

Name of Insured _____
Policy Number _____
Additional Insured _____
Address _____

The following questions **MUST** be answered before we will consider adding any additional insured.
We will confirm approval of coverage of all additional insured.

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. 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
5. Carrier:_____
6. 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.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____
Applicant's Signature Producer's Signature Date