

**ADDITIONAL INSURED SUPPLEMENT**  
(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Additional Insured \_\_\_\_\_  
Address \_\_\_\_\_

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

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: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_