



Date: April 9, 2013

Agency:

To:

Fax #:

From:

Policy Number:

Named Insured:

REQUEST FOR ADDITIONAL INSURED

In order to process your request to add the additional insured, your assistance is needed in providing us with all the necessary underwriting information to quickly process the change.

- 1) Name and mailing address of additional insured?

- 2) What is their insurable interest to our named insured (landlord/permit/for job)?

- 3) What is the relationship to job being performed?
(ie: Owner, Managing Agent, Lessor, General Contractor, Architect, Etc.)

- 4) Description and job location

- 5) Job Cost and duration

RETURN THIS WITH COPY OF CERTIFICATE OF INSURANCE

Thanks for you understanding in this matter.

Regards,

Underwriter