



Additional Insured

ADDITIONAL INSURED REQUEST FORM

Note: This Request Form does not automatically bind coverage for the Additional Insured.

Insureds Name: _____

Policy Number: _____ Effective Date: _____

SECTION I. GENERAL INFORMATION - To be completed for all requests

1. Name and address of Additional Insured:

2. What is the relationship of additional insured to the named insured?

3. Description of any equipment and its use: _____

SECTION II. CONTRACTING RISKS

4. Complete description of work being performed: _____

5. Total Job Cost: _____

6. Direct payroll and the applicable classification(s) for this job:

7. Subcontracted classes and costs: _____

8. Estimated length of job: _____

9. Location of job: _____

Please be advised United States Liability will not consider any of the following coverages:

- a. Waiver of Subrogation
- b. Modifications to wording on Certificate
- c. Additional days of reporting cancellations

Signature of Applicant: _____

Date: _____

or

Retail Agent's Signature: _____

Date: _____