

Additional Insured Request Form

Date: _____

Named Insured: _____

Policy Number: _____

Please list names of Additional Insured(s):

1. _____

2. _____

3. _____

Please list name of Certificate Holder(s). Please include entity name and address:

1. _____

2. _____

3. _____

Name and type of project:

Location of project with address:

Length of project. Include approximate start date and end date:

Specific description of work to be performed:

Contract job cost: \$ _____

Does this project involve any work on new apartments, condominiums or tract homes?

Yes _____ No _____

Does this project involve any work on residential new construction?

Yes _____ No _____

Special Requirements:

_____ Additional Insured Endorsement

_____ Waiver of Subrogation

_____ Cross out "endeavor to" and "but failure to mail..." in cancellation section of ACORD form

_____ Primary Wording