



ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____ Policy# _____ Eff Date: _____

- Name of entity requesting to be added as an Additional Insured: _____

- Operations of entity requesting to be added as an Additional Insured: _____

- Is this job commercial work or residential work? Give details: _____

- Where does this job take place?: _____
- Explain relationship between Named Insured and Additional Insured: _____

- Type of work to be done for the Additional Insured: _____

- Dates of job: _____ Job cost: _____
- Is there any written contract between the Named Insured & the Additional Insured? Yes
No.
- Eff date of endorsement: _____
- Does the Additional Insured maintain primary insurance to cover the exposures at risk? Yes
No.
- Give the Additional Insured's complete name and address as it is to appear on the endorsement: _____

