



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

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

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

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date