



ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____ Policy No. _____

1. Name & address of entity requesting to be added as Additional Insured:

2. Operations of entity requesting to be added as an Additional Insured:

3. Explain relationship between Named Insured and Additional Insured:

4. Type of work to be done for the Additional Insured:

5. Is there any written contract between the Named Insured and the Additional Insured?

_____ Yes _____ No If yes, policy must provide or be endorsed to provide Contractual and Products/Completed Operations.

6. Contract cost of work to be done for the Additional Insured: _____

7. Does the Additional Insured maintain primary insurance to cover the exposures at risk?

_____ Yes _____ No If no, submit this request to your Company underwriter for approval.

Name of Person Completing Form

Date