

ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____ Policy No.: _____

1. Name of entity requesting to be added as an 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