REQUEST TO ADD COVERAGE FOR AN ADDITIONAL INSURED TO
GENERAL LIABILITY POLICY

Named Insured:  
Insurance Co. & Policy No.:  
Effective Date of Change:  
Name of Additional Insured:  
Additional Insured’s Address:  

What is the interest of this person/organization in your locations, property, operations, etc.?  

Have you signed a written contract that requires you to make this person/organization an additional insured under this policy?  □ YES  □ NO

Below is a list of types of additional interests. Please select the one that best describes this person/organization.

- □ Club member
- □ Controlling interest in your company
- □ User of golfmobiles
- □ Governmental entity (state agency, city, town, etc.) from whom you need a permit to do work
- □ Vendor
- □ Charitable institution
- □ Person/organization responsible for land you are leasing
- □ Person/organization from whom you are leasing equipment
- □ Executive officer of a public corporation
- □ Person/organization who has granted you a franchise
- □ Governmental entity (state agency, city, town, etc.) from whom you need a permit related to your premises
- □ Owner, lessee or contractor for whom you are working
- □ Concessionaire trading under your name
- □ Engineer, architect or surveyor you hired
- □ User of teams, drafts or saddle animals
- □ Engineer, architect or surveyor you did not hire
- □ Property manager or lessor
- □ Condominium unit owner
- □ Mortgagee, assignee or receiver
- □ Executor, administrator, trustee or beneficiary of your estate or living trust
- □ Townhouse association
- □ Church member or officer
- □ Executive officer of a public corporation
- □ Person/organization who has a non-operating working interest in an oil or gas lease you are operating
- □ All Other (Please explain the person/organization’s interest above)

Does this person/organization want a certificate of insurance?  □ YES  □ NO

NAME OF PERSON REQUESTING COVERAGE (printed):  
SIGNATURE OF PERSON REQUESTING COVERAGE:  
DATE:  