

# 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.

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