

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