

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

☐ Concessionaire trading under
your name

☐ Condominium unit owner

☐ Controlling interest in your
company

☐ Engineer, architect or surveyor
you hired

☐ Engineer, architect or surveyor
you did not hire

☐ User of golfmobiles

☐ Owner, lessee or contractor for
whom you are working

☐ Property manager or lessor

☐ Governmental entity (state
agency, city, town, etc.) from
whom you need a permit to do
work

☐ Governmental entity (state
agency, city, town, etc.) from
whom you need a permit
related to your premises

☐ User of teams, drafts or saddle
animals

☐ Vendor

☐ Townhouse association

☐ Mortgagee, assignee or receiver

☐ Charitable institution

☐ Church member or officer

☐ Executor, administrator, trustee
or beneficiary of your estate or
living trust

☐ Person/organization responsible
for land you are leasing

☐ Executive officer of a public
corporation

☐ Co-owner of your premises

☐ Person/organization from
whom you are leasing
equipment

☐ Person/organization who has
granted you a franchise

☐ 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: