

ADDITIONAL INSURED REQUEST

1. Is the applicant required to add any other party or interest as an additional insured? ___ Yes ___ No
If yes, provide the following information for each such party or interest:

Name: _____

Address: _____

2. Relationship to the applicant:
3. Reason to be included as an additional insured
4. What type of work is being performed for the additional insured
5. Is there a written contract between the applicant and the additional insured?
6. :Does the contract contain a waiver of subrogation and is it mutually beneficial?
7. Attach copy of contract if available
Attach a copy of the contract or agreement between the applicant and each party on this project, including the indemnification clause between the applicant and the other party in that contract or agreement.

Additional comments or remarks: _____
