

ADDITIONAL INSURED QUESTIONNAIRE

Insured's Name: _____ Policy #: _____

Agent Name: _____ Agent/Phone #: _____

Requested Effective Date Of Coverage: _____

- COVERAGE REQUESTED:
- Additional Insured Form # _____
 - Vendor's CG2015
 - CG2010 & CG2037
 - CG2026
 - Manuscript Additional Insureds (attach requested Wording)

To assist us in evaluating the coverages requested, please include the following information:

1. A complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy, including a description of service(s) performed. The contracts should contain the indemnification or hold harmless provisions and insurance requirements.
2. A general description or the job/work being performed, or vendor's product(s):

Note: If the job involves installation for a railroad, ship, harbor, dock or airport, please provide a diagram including proximity to any track, dock or runway / tarmac.

3. Relationship to our named insured (subcontractor, vendor, owner, developer, etc.):

4. What is the job 'cost'? Or, what is the 'sales' of vendor's product(s)?

\$ _____

5. What is the anticipated time frame of the job? (Annual, short term, start and completion dates.)

6. Full Address of Job:
