

ADD ADDITIONAL INSURED QUESTIONNAIRE

1. Explain your relationship with the requested Additional Insured (i.e. client, subcontractor, etc.)

2. Will the requested Additional Insured be permanent additional insured to the policy? Please explain.

3. Provide a detailed Scope of Services associated with the requested Additional Insured.

4. Provide a project timeframe or duration, including commencement & estimated completion dates.

5. Projected Annual Revenue that will be generated in respect to your contractual relationship with the requested Additional Insured.

6. Provide a copy of the resume of the requested additional insured (if subcontractor) or the Contract Agreement associated with this request for additional insured (if client).

Please be advised that requesting Additional Insured(s) to policies requires the approval of the underwriters and may generate an additional charge.

Also, a referral will only be submitted to our underwriters upon completion of this form.

(Sign)

(Date)