

ADDITIONAL INSURED QUESTIONNAIRE

The premium{s} are FULLY EARNED. ONCE THE FORM IS REVIEWED AND APPROVED IN ORDER TO PROCESS AN ENDORSEMENT REQUEST THE PAYMENT IS REQUIRED TO BE PAID ON OUR SITE

1} What is the completed name and address of the Additional Insured:

1a} Do they need any special wording? If yes state here:

2} What state will the insured be working in for this job?

3} Describe the work the insured will be doing for this Additional Insured.

4} Does the insured have a contract or written agreement with the Additional Insured?

5} Do they also need a: Waiver of Subrogation, Primary Non-contributory, Products Completed-Operations. If yes circle which one.

THE COVERAGES BELOW ARE {FULLY EARNED}:

\$250.00 PLUS FEES=**\$262.50** {IF THE PERSON/ ENTITY WANTING TO BE LISTED IS A BUILDER OR GC}

\$100.00 PLUS FEES=**\$105.00** { ALL OTHERS}

BLANKET ADDITIONAL INSURED { CG2033 07/04}- \$500 PLUS FEES= \$525.00 FULLY EARNED

THE FOLLOWING OPTIONAL COVERAGES DO NOT HAVE A BLANKET FORM AVAILABLE:

PRODUCTS COMPLETED OPERATIONS {CG2037 04/07}{ADDRESS OF THE JOBSITE IS REQUIRED} - \$250.00 PLUS FEES=\$262.50{EACH} FULLY EARNED

WAIVER OF SUBROGATION {CG2404 10/93}- \$100.00 PLUS FEES=\$105.00 {EACH} FULLY EARNED

PRIMARY NON CONTRIBUTORY {CG2010A 01/08}- \$100.00 PLUS FEES=\$105.00 {EACH} FULLY EARNED