



Additional Insured Questionnaire

1. List the name and mailing address of the additional insured to be added:

2. Describe the relationship or insurable interest of the above additional insured to the named insured:

3. What is the job location?

4. Describe the length of the Job with job dates?

5. What are the Job costs?

6. Describe the details of the job:

7. Is there a written contract between the additional insured and the named insured? YES NO

8. What forms are required to be added to the policy?

Requested Additional Insured Form	Select with (X)
CG 2037	<input type="checkbox"/>
CG 2010	<input type="checkbox"/>
CG 2012	<input type="checkbox"/>
CG 2417	<input type="checkbox"/>
30 day NOC	<input type="checkbox"/>

9. Is primary and non-contributory required? YES NO

10. Is a Waiver of Subrogation Required? YES NO

11. Is there any specific verbiage that is required? If so, please provide the verbiage.