



This Request Form does not automatically bind coverage for the Additional Insured

Applicant Name: _____

Policy Number: _____ Effective Date: _____

General Information – To Be Completed for All Requests

1. Name and Address of Additional Insured:

2. What is the interest/relationship of additional insured to the named insured?

Contracting Risks

3. Complete description of work being performed: _____

4. Total Job Cost: _____

5. Direct payroll and the applicable classification(s) for this job: _____

6. Subcontracted classes and costs: _____

7. Estimated length of job (show dates): _____

8. Location of the job (show address): _____

Signature of Applicant

Title

Date

Producing Agent