

ADDITIONAL INSURED QUESTIONNAIRE

1. Named Insured: _____
2. Policy Number: _____
3. Additional Insured: _____
- Address: _____
- Zip: _____

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

4. Is there a contractual obligation to name the above additional insured? Yes No
- If No, explain why needed: _____
- If Yes, indicate specific forms and coverages requested: _____
5. Explain the relationship between the named insured and the additional insured: _____
6. Describe the work the named insured will perform for the additional insured: _____
7. What are the operations of the requested additional insured? _____
8. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? Yes No
- If No, separate additional insured endorsements are required.
9. Does the additional insured maintain their own insurance to cover their operational exposures? Yes No
10. Complete the following if the additional insured requested is involved with construction-related operations:
- A. Work performed is: Commercial Industrial Residential
- Type: New Construction Remodeling Repair and Service
- If Residential construction, is it:
- Apartments Condominiums or Conversion to Condominiums Town Houses
- One-to-four-family dwellings Dwellings-Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

If Remodeling:

Are any structural alterations being performed?

Yes No

If yes, please describe: _____

Any movement of or work on load bearing walls?

Yes No

If yes, does an architect or engineer sign off on the plans?

Yes No

B. Project/Job Information:

Estimated Start Date: _____

Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____

Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defected claim?

Yes No

Copy and complete Question 11. for each additional job involving this additional insured(s).

11. Are you using any subcontractors for this project?

Yes No

If yes, do you require the subcontractors to provide you with the same endorsements and Additional Insured

requirements that are being asked of you for the above Additional Insured?

Yes No

Applicant's Signature: _____

Date: _____