



**ADDITIONAL INSURED QUESTIONNAIRE**

Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
\_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

Requested Effective Date of Coverage: \_\_\_\_\_

- COVERAGE REQUESTED:  Additional Insured Form # \_\_\_\_\_  
 Vendor's (CG2015)  
 Primary Wording  
 Manuscript Additional Insureds (attach requested wording)  
 Waiver of Subrogation

To assist us in evaluating the coverages requested, please include the following information:

1. A complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy, including a description of service(s) performed. The contracts should contain the indemnification or hold harmless provisions and insurance requirements.
2. A general description or the job/work being performed, or vendor's product(s):

\_\_\_\_\_  
\_\_\_\_\_

Note: If the job involves installation for a railroad, ship, harbor, dock or airport, please provide a diagram including proximity to any track, dock or runway / tarmac.

3. Relationship to our named insured (subcontractor, vendor, etc.):

\_\_\_\_\_  
\_\_\_\_\_

4. What is the job 'cost'? Or, what is the 'sales' of vendor's product(s)?

\$ \_\_\_\_\_

5. What is the anticipated time frame of the job? (Annual, short term, start and completion dates.)

\_\_\_\_\_