

Additional Insured Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

Proposed Policy Period _____ to _____ Inspection Contact _____

Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

COVERAGE REQUESTED

- Additional Insured Form # _____
- Additional Insured - Vendor's (CG2015)
- Primary Wording, Additional Insured Endorsement (S114)
- Manuscript Additional Insureds (**attach** requested wording)
- Waiver of Transfer of Rights of Recovery Against Others to Us, (CG2404)

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

UNDERWRITING INFORMATION

- 1. **Attach** 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. Describe 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 the proximity to any track, dock or runway / tarmac.

- 3. What is the relationship to our named insured (subcontractor, vendor, etc.):

- 4. What is the job cost? \$ _____
Or, what is the gross sales of vendor's product(s)? \$ _____

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

- 6. For additional insured or waiver of subrogation requests for residential construction, complete the following:

Number of homes in the current project / job? _____

Number of homes in previous projects / jobs (in last 3 years) _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.