

ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____

Additional Insured: _____

Address: _____

Zip: _____

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

1. Is there a contractual obligation to name the above additional insured?..... Yes No
If No, explain why needed: _____
2. Explain the relationship between the named insured and the additional insured? _____
3. Describe the work the named insured will perform for the additional insured: _____
4. What are the operations of the requested additional insured? _____
5. 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 N/A
If No, separate additional insured endorsements are required.
6. Does the additional insured maintain their own insurance to cover their operational exposures? Yes No
7. **Complete the following if the additional insured requested is involved with construction-related operations:**
 - A. Work performed is: Commercial Industrial Residential
 - If Residential: New Construction Remodeling Interior Repair and Service
 - Room Additions or Other Structural Alterations
 - If Residential "new," "room addition" or "remodeling" 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.)? _____
 - 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 defect claim? Yes No

Copy and complete Question 7. for each additional job involving this additional insured(s).

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Named Insured Signature / Title / Position

Date

Producer Signature

Date