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**ADDITIONAL INSURED SUPPLEMENT**

<b>Applicant/Insured:</b>  <b>Address:</b>	<b>Producer:</b>  <b>E-mail:</b>	
<b>Policy Number:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Additional Insured:</b> _____ <b>Address:</b> _____		
<b>THE FOLLOWING QUESTIONS <u>MUST</u> BE ANSWERED BEFORE WE WILL CONSIDER ADDING AN ADDITIONAL INSURED TO THE POLICY.</b>		
1. Explain the relationship between the named insured and the additional insured:		
2. Are there any out of state operations performed by the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Length of Job: _____		
4. Description/Nature of Job: (Check Box Below)		
<u>Residential:</u> <input type="checkbox"/> New Tract Housing <input type="checkbox"/> New Condos/Townhomes <input type="checkbox"/> Custom Home <input type="checkbox"/> Apartments <input type="checkbox"/> Other - Details:	<u>Commercial:</u> <input type="checkbox"/> Industrial/Manufacturing <input type="checkbox"/> Mercantile <input type="checkbox"/> Office/Institutional <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Other - Details:	

Any person, who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

All items below are to be completed by the underwriting department only. Thank you.

ACCEPT (Endorsement to Follow)

REJECT

Premium: \$ \_\_\_\_\_

\_\_\_\_\_  
 Underwriter's Signature

\_\_\_\_\_  
 Date