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ADDITIONAL INSURED SUPPLEMENT

Applicant / Insured: Address:	Agent / Producer: E-mail:		
Policy Number:	Phone: Fax:		
Additional Insured: _____ Address: _____			
THE FOLLOWING QUESTIONS <u>MUST</u> BE ANSWERED BEFORE WE WILL CONSIDER ADDING AN ADDITIONAL INSURED TO THE POLICY.			
<p>1. Explain the relationship between the insured and the additional insured (be detailed on reply):</p> <p>2. Are there any out of state operations performed by the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Describe the work being performed for the Additional Insured:</p> <p>4. Length of Job: _____</p> <p>5. Description / Nature of Job: (Check Box Below)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <u>Residential:</u> <input type="checkbox"/> New Tract Housing <input type="checkbox"/> New Condos / Townhomes <input type="checkbox"/> New Custom Home <input type="checkbox"/> Existing Home / Dwelling <input type="checkbox"/> Apartments <input type="checkbox"/> Other - Details: </td> <td style="width:50%; border:none;"> <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"/> Service Work <input type="checkbox"/> Other – Details: </td> </tr> </table>		<u>Residential:</u> <input type="checkbox"/> New Tract Housing <input type="checkbox"/> New Condos / Townhomes <input type="checkbox"/> New Custom Home <input type="checkbox"/> Existing Home / Dwelling <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"/> Service Work <input type="checkbox"/> Other – Details:
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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.

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

ACCEPT (Endorsement to Follow) REJECT

Premium: \$ _____

Underwriter's Signature

Date