



## ADDITIONAL INSURED QUESTIONNAIRE

**Named Insured:**

**Policy Number:**

**Effective Date:**

**Additional Insured:**

Describe the interest of the Additional Insured:

If the Additional Insured is the landlord, provide the area occupied by the Named Insured and the use:

Area:

Use:

1. Is there a signed lease agreement? ☐ Yes ☐ No
2. Does the lease agreement require Additional Insured status for the owner? ☐ Yes ☐ No
3. Does the insured do work or provide services for the Additional Insured? ☐ Yes ☐ No
4. Describe the nature of the work or service being performed for the Additional Insured:
5. Address / location of premises where work is to be performed:
6. Cost of the job: \$                      Duration of the job:
7. Is there a signed contract? ☐ Yes ☐ No

8. Estimated payroll for each applicable class:

Class	Payroll \$
Class	Payroll \$
Class	Payroll \$

Additional Comments:

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_