



## 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 \_\_\_\_\_