INSURED:		POLICY #:	DATE:
			A/I?: Cert Only Additional Insur
	r a certificate only then please comp		
NAME.	ER AND/OR ADDITIONAL INS		
ADDRESS:			
CITY:	ST	ГАТЕ:	ZIP CODE:
	lease <u>complete</u> the below questic	ons for additional in	sured requests only.
2. PLEASE DESCRIBE TH	HE OPERATION OF THE ADDI	TIONAL INSURED	(WHAT WILL THE ADDITIONAL
3. IS THE ADDITIONAL	INSURED A GENERAL CONTR	ACTOR OR DEVE	LOPER?:
4. GIVE THE <u>EXACT DES</u> INSURED:	<u>SCRIPTION</u> OF THE WORK TI	HAT THE INSURED	IS DOING FOR THE ADDITIONAL
5. IS THIS PROJECT:	COMMERCIAL RESID	DENTIAL	
6. IF THIS IS RESIDENTI RESIDENTIAL HOMES, 7 -IF YES, WHAT IS THE NUMB	IAL WORK, IS THE INSURED N TRACTS, CONDOS, TOWNHO BER OF UNITS IN THE ENTIRE DEVELO	WORKING ON ANY MES OR APARTMI PMENT? :	ENTS?:
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Our insurers <u>REQUIRE</u> the above information before any additional insured certificates or endorsements can be issued. Please contact us with any questions.

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