

ADDITIONAL INTERESTS SUPPLEMENTAL

Blanket Additional Insured form will be included with your policy for no additional premium, if coverage is bound. Please note, that in order for additional insured status to apply under this form you **must have a written contract in place requesting such status**. In the event that you need to specifically list an additional insured (AI) on the policy please list the name and address below.

If you list an Additional Insured below, the applicable additional premium charge will be applied.

ADDITIONAL INSURED

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____

LOSS PAYEE

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____

MORTGAGEE

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Nature of Interest: _____	Nature of Interest: _____

Please complete and return along with the bind request and other corresponding documents. If this form is not returned, no interests will be specifically listed on the policy. If additional space is needed, please attach supplementary forms.