

ADDITIONAL INSURED REQUEST



Executive Insurance Professionals, PLLC
6001 W. Interstate 20, Ste 214, Arlington, TX 76017
Ph: 800.779.4095 • F: 866.779.4331

NAMED INSURED: _____

POLICY NUMBER: _____

EFFECTIVE DATE OF REQUEST: _____

NAME & ADDRESS OF
ADDITIONAL INSURED:

Email address or fax number of additional insured: _____

RELATIONSHIP/INTEREST TO
THE NAMED INSURED:

DESCRIPTION OF WORK
BEING PERFORMED FOR
ADDITIONAL INSURED:

SPECIFIC JOB LOCATION:

CONTRACT COST: _____

IS THERE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED?	YES	NO
DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION?	YES	NO
HAS A MODIFIED BLANKET ADDITIONAL INSURED ALREADY BEEN ADDED TO THIS POLICY?	YES	NO

PRIMARY/NON-CONTRIBUTORY WORDING IS REQUIRED. (ADDITIONAL CHARGE WILL APPLY)

WAIVER OF SUBROGATION IS REQUIRED. (ADDITIONAL CHARGE WILL APPLY)

ADDITIONAL INSURED WITH COMPLETED OPERATIONS CG2037 IS REQUIRED - (ADDITIONAL CHARGE WILL APPLY)

MODIFIED BLANKET ADDITIONAL INSURED REQUIRED - COVERS UP TO 5 - EACH ADDITIONAL INSURED MUST BE REPORTED AND APPROVED BY UNDERWRITING. (ADDITIONAL CHARGE WILL APPLY)

NOTE: MAXIMUM NUMBER OF DAYS CANCELLATION NOTICE TO ADDITIONAL INSURED: (10) TEN
UNDERWRITER APPROVAL IS REQUIRED FOR ADDITIONAL INSURED REQUESTS

CONTACT UNDERWRITING FOR DETAILS ON THE ADDITIONAL CHARGES

**AGENT'S REQUEST TO BIND COVERAGE ON ENDORSEMENT
SIGN & FAX REQUEST TO 866-779-4331 OR EMAIL TO service@execins.com**

COVERAGE REQUESTED EFFECTIVE DATE: _____ **SIGNATURE OF AGENCY REP:** _____

****ONCE SIGNED AND REQUESTED ALL ADDITIONAL PREMIUMS ARE FULLY EARNED.***