

# Additional Insured Request Form



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Principle Business Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Section II – General Information

- Additional Insured Information:  
Name of Applicant: \_\_\_\_\_  
Principle Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- What is the relationship of Additional Insured to the Named Insured? \_\_\_\_\_
- Description of equipment and its use: \_\_\_\_\_
- Is there a written contract between the Insured and the Additional Insured?  Yes  No
- Does the Additional Insured maintain primary insurance to cover the exposure at risk?  Yes  No

### Contracting Risks

- Complete description of work being performed: \_\_\_\_\_
- Job Type:  Commercial  Residential  Remodel Repair
- Total Job Costs: \_\_\_\_\_
- Direct payroll and applicable classification(s) of this job \_\_\_\_\_
- Subcontracted classes and costs: \_\_\_\_\_
- Estimated length of job: \_\_\_\_\_
- Location of job: \_\_\_\_\_

**Please be advised AmTrust E&S Insurance Service will not consider any of the following coverages:**

- Modification to wording on Certificate
- Additional days of reporting cancellations

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**(or)**

Name of Producing Agency: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_