



635 – 93rd Avenue North, St. Petersburg, FL 33702
Tel: 727-576-1536 Fax: 727-579-8603

ADDITIONAL INSURED REQUEST

Named Insured: _____

Policy # _____ **Effective Date of Request:** _____

Agent: _____ **Contact** _____

1. Additional Insured Person or Organization: _____
(If more than (1) one A/I required, Please complete a form for each A/I)

Address: _____

City, State & Zip: _____

2. Additional Insured Interest: _____

3. Location and Description of Contract: _____

4. Total Job Cost: \$ _____ **5. Total Payroll \$** _____

8. When will job start? _____ **7. Expected Completion date?** _____

9. Will Insured be using Sub Contractors?: Y / N

10. Who are the Sub-Contractors?: _____

11. Total Cost of Subs?: _____

12. Is Insured named as an A/I on Sub-Contractors GL Policy? Y / N

13. Are there Specific contract requirements? If Yes, please provide specific's and/or copy

Of contract section reflecting requirements: _____

14. Does contract require specific A/I ISO endorsements? If Yes, please provide required forms:
