

GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

1. Proposed Named Insured & Other Named Insured(s):

2. Policy Number:

3. Additional Insured	Name:					
	Address:	Street	City	County	State	ZIP Code

UNDERWRITING INFORMATION

1. Describe the relationship between the Named Insured and the Additional Insured:

2. Is there a contractual obligation between the Named Insured and the Additional Insured? Yes No
If yes, provide a copy of the contract.

3. Provide details of operations of the requested Additional Insured:

4. Will the requested Additional Insured be performing any work for the Named Insured? Yes No
If yes, provide:

a. Scope of work:

b. Cost of the work (job/project) to be performed: \$

c. Duration of the work to be performed: Start Date: _____ Date to be Completed: _____

d. Location of work:

e. Will any work be performed in the following states: AL, AZ, CA, CO, FL, HI, IL, LA, MT, NV, OR, SC, TX, or WA? Yes No

f. Was any work performed (past, present or intended future) in the construction (new, remodeling, installation or repair) and/or development of more than 14 homes in any one development? Yes No

g. Is the above work required because of a prior construction defect claim? Yes No
If yes, provide details:

h. If more than one person or organization is to be named as an Additional Insured, do they all have combinable interest(s)? Yes No
If yes, describe:

5. Does the Additional Insured requested maintain their own insurance to cover the operational exposure? Yes No

a. If no, why:

b. Does the Named Insured require the Additional Insured to carry limits equal to or greater than their policy? Yes No
If no, provide details:

Complete the following if the Additional Insured requested is performing construction-related work.

1. Type of work to be performed by the requested Additional Insured:

a. New Construction	%	Remodeling*	%	Repairs	%	= 100%
b. Outside Building	%	Inside Building	%			= 100%
c. Residential	%	Commercial	%	Industrial	%	= 100%

2. If Residential work is being performed, advise if any of the following buildings:

- | | | |
|--|---|--|
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Day Care Centers | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Apartments | <input type="checkbox"/> Multi-family Habitational |
| <input type="checkbox"/> Hotels/Motels | | |

Explain:

3. If Commercial or Industrial, will the premises be occupied? Yes No

If yes, type of business (i.e. Restaurant, Warehouse, etc.):

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
