



GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____ Policy Number: _____

Additional Insured: Name: _____

Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. Which Additional Insured form is being requested?

2. Is there a contractual obligation to name the above additional insured?
If no, explain why needed: _____ ☐ Yes ☐ No
3. What is the insurable interest of the Additional Insured (i.e., general contractor, owner, developer, manager of premises, etc.)?

4. Describe the work the named insured will perform for the additional insured.

5. What are the operations of the requested additional insured?

6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?
If no, separate additional insured endorsements are required. _____ ☐ Yes ☐ No
7. Does the Additional Insured maintain their own insurance to cover the operational exposure?
If no, explain why needed: _____ ☐ Yes ☐ No
8. Type of Work Performed
 - a. Commercial _____% Residential _____% Industrial _____% = 100%
 - b. New Construction _____% Remodeling* _____% Repair/Service _____% = 100%
 - c. *If remodeling work: Interior Remodeling _____% Structural Alternations (Room Additions) _____% = 100%
 - d. Any work on any of the following buildings:
☐ Apartments ☐ Condos/Conversion to Condos ☐ Town Houses
☐ One-to-Four Family Dwellings ☐ Dwelling-Tract Housing or Subdivision Construction or Development
☐ Nursing Homes ☐ Day Care Centers ☐ Hospitals
☐ Hotels/Motels
 - e. If Industrial or Commercial Work:
Will the premises be occupied? ☐ Yes ☐ No
If yes, type of business (i.e. retail store, restaurant, warehouse, etc) _____
9. Project/Job Information:
 - a. Project/Job Location: _____
 - b. Estimated Start Date: _____ Estimated Completion Date: _____
 - c. Contract Number: _____ Job Number: _____
 - d. Cost of job: _____

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- e. 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
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- 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
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- g. Is the above work required because of a prior construction defect claim? ☐ Yes ☐ No
 If yes, provide details:
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NOTE: Questions 8 & 9 are required for each additional job involving this additional insured(s). Copy and complete additional questionnaires for each additional job if applicable.

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
