

Accounting Department:

Re: Additional Insured Request

Due to a change of insurance, coverage for additional insured is no longer available on our standard policy. Our carrier will allow us to purchase coverage for additional entities or job sites with a separate premium of \$_____ For each additional insured, and job site to be listed.

If you wish us to purchase additional insurance for you please indicate the names and or addresses below, and acknowledge the additional premium charge by signing in the space provided. Please note Automobile coverage can only be added if you are a named owner of the vehicle covered. If waiver of subrogation on our workers comp. is required please fill out the attached sheet. We can list a job location and job name in the description without charge but it will not be an additional insured.

Sincerely,

We would like the following entities and or job sites to be listed as additional insured for the added premium of \$_____ for each.

1. _____ 2. _____

3. _____ 4. _____

Please bill the premium to our account.

X _____ Date _____

Print Name