

CASUALTY

ADDITIONAL INSURED QUESTIONNAIRE

Insured Name:

Policy Number:

Name of Additional Insured:

Mailing Address:

Relationship To The Named Insured:

Description of Work Being Performed (Please advise if any residential/habitational work is being performed):

Specific Job Location:

Total Project/Job Costs:

Primary Wording Needed:

Waiver of Subrogation:

of Days Cancellation:

If yes, # of Days Requested:

Additional Comments/Questions: