

## Additional Insured Request - FHB Insurance Contractor Programs

NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EFFECTIVE DATE OF REQUEST: \_\_\_\_\_

NAME & ADDRESS OF  
ADDITIONAL INSURED:  
(If extended name is request,  
copy of written contract must  
accompany the request.)

RELATIONSHIP/INTEREST TO  
THE NAMED INSURED:

DESCRIPTION OF WORK  
BEING PERFORMED FOR  
ADDITIONAL INSURED:

SPECIFIC JOB LOCATION:

CONTRACT COST: \_\_\_\_\_

IS THERE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED?

Yes ☐ No ☐

DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION?

Yes ☐ No ☐

HAS A BLANKET ADDITIONAL INSURED ALREADY BEEN ADDED TO THIS POLICY?

Yes ☐ No ☐

WHICH FORMS ARE REQUIRED? *Note: Additional premium may apply; cost varies by carrier.*

- ☐ ADDITIONAL INSURED ONGOING OPERATION (CG2010)
- ☐ ADDITIONAL INSURED WITH COMPLETED OPERATIONS (CG2037)
- ☐ BLANKET ADDITIONAL INSURED
- ☐ PRIMARY/NON-CONTRIBUTORY WORDING
- ☐ WAIVER OF SUBROGATION
- ☐ 30 NOTICE OF CANCELLATION (NOT AVAILABLE IN ALL PROGRAMS)
- ☐ OTHER: \_\_\_\_\_

AGENTS REQUEST FOR ADDITIONAL INSURED ENDORSEMENT  
COMPLETE, SIGN, & EMAIL REQUEST TO [FHBMAIL@FHBINSURANCE.COM](mailto:FHBMAIL@FHBINSURANCE.COM)

COVERAGE REQUESTED EFFECTIVE DATE: \_\_\_\_\_

SIGNATURE OF AGENCY REP: \_\_\_\_\_