

## Additional Insured Request - 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 [TEAMTRYME@SCOTTISHAMERICAN.COM](mailto:TEAMTRYME@SCOTTISHAMERICAN.COM)

COVERAGE REQUESTED EFFECTIVE DATE: \_\_\_\_\_ SIGNATURE OF AGENCY REP: \_\_\_\_\_