



United States Liability Insurance Group

Additional Insured Request Form

SUPPLEMENTAL APPLICATION

Please be advised: This Request Form does not automatically bind coverage for the Additional Insured

Applicant name: _____

DBA: _____

Policy Number: _____ Effective Date: _____

A. General Information - To be completed for all requests

1. Name and address of Additional Insured: _____

2. What is the relationship of additional insured to the named insured?

3. Description of any equipment and its use: _____

B. Contracting Risks

4. Complete description of work being performed: _____

5. Total Job Cost: _____

6. Direct payroll and the applicable classification(s) for this job: _____

7. Subcontracted classes and costs: _____

6. Estimated length of job: _____

7. Location of the job: _____

Please be advised, United States Liability will not consider any of the following coverages:

- Blanket Additional Insured
- Waiver of Subrogation
- Modifications to wording on Certificate
- Additional days of reporting cancellations

Signature of applicant: _____ Date: _____

or
Retail Agent's Signature: _____ Date: _____