

Applicant:

Effective Date:

SECTION 10 ADDITIONAL INTERESTS (AI) - Continued

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability

LOC#/BLDG#: _____ / _____

Additional Insured: (Check one) ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment
☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: _____

If 'Loss Payee', please answer the following questions:

Loss Payee Type: _____ Loss Payee Description of Property: _____

Name: _____

☐ Y ☐ N Waiver of Subrogation (must be required by contract)

☐ Y ☐ N Primary / Non-Contributory Wording (must be required by contract)

AI Address: _____ City: _____ State: _____ Zip: _____

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability

LOC#/BLDG#: _____ / _____

Additional Insured: (Check one) ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment
☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: _____

If 'Loss Payee', please answer the following questions:

Loss Payee Type: _____ Loss Payee Description of Property: _____

Name: _____

☐ Y ☐ N Waiver of Subrogation (must be required by contract)

☐ Y ☐ N Primary / Non-Contributory Wording (must be required by contract)

AI Address: _____ City: _____ State: _____ Zip: _____

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability

LOC#/BLDG#: _____ / _____

Additional Insured: (Check one) ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment
☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: _____

If 'Loss Payee', please answer the following questions:

Loss Payee Type: _____ Loss Payee Description of Property: _____

Name: _____

☐ Y ☐ N Waiver of Subrogation (must be required by contract)

☐ Y ☐ N Primary / Non-Contributory Wording (must be required by contract)

AI Address: _____ City: _____ State: _____ Zip: _____

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability

LOC#/BLDG#: _____ / _____

Additional Insured: (Check one) ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment
☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: _____

If 'Loss Payee', please answer the following questions:

Loss Payee Type: _____ Loss Payee Description of Property: _____

Name: _____

☐ Y ☐ N Waiver of Subrogation (must be required by contract)

☐ Y ☐ N Primary / Non-Contributory Wording (must be required by contract)

AI Address: _____ City: _____ State: _____ Zip: _____