SECTION 12 - ADDITIONAL INTERESTS CONTINUED ☐ General Liability ☐ Property ☐ Product Liability 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 two below questions Loss Payee Type: Loss Payee Description of Property: ______ Name: __ ☐ Yes ☐ No Waiver of Subrogation (must be required by contract) ☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract) _____ City: ____ LOC# / BLDG# ___/__ Address: ___ _____ State: _____ Zip: ___ ☐ General Liability ☐ Property ☐ Product Liability 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 two below questions Loss Payee Type: _____ Loss Payee Description of Property: ___ Name: ☐ Yes ☐ No Waiver of Subrogation (must be required by contract) ☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract) LOC# / BLDG# __ / __ Address: ______ City: _____ State: ____ Zip: _____ ☐ General Liability ☐ Property ☐ Product Liability 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 two below questions Loss Payee Type: ______ Loss Payee Description of Property: ______ Name: ☐ Yes ☐ No Waiver of Subrogation (must be required by contract) ☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract) LOC# / BLDG# ___/__ Address: ______ City: _____ State: ____ Zip: _____ ☐ General Liability ☐ Property ☐ Product Liability 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 two below questions Loss Payee Type: Loss Payee Description of Property: ____ Name: ☐ Yes ☐ No Waiver of Subrogation (must be required by contract) ☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract) LOC# / BLDG# _/__ Address: _____ City: ____ State: ____ Zip: ____ ☐ General Liability ☐ Property ☐ Product Liability 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 two below questions

☐ Yes ☐ No	Primary / Non Contributory Wording (must be required by contract)			
LOC# / BLDG#	/ Address:	City:	State:	_ Zip:
A				

Waiver of Subrogation (must be required by contract)

Loss Payee Description of Property:

Loss Payee Type:

□ Yes □ No