



Questionnaire
Additional Insured Special wording (primary & primary non-contributory)
Additional Insured including completed operations
Waiver of Subrogation
Increased limits

Name Insured: \_\_\_\_\_

Policy#: \_\_\_\_\_ Policy effective date: \_\_\_\_\_

Endorsement effective date: \_\_\_\_\_

Please check items being requested:

- Primary A/I, Primary Non-Contrib, A/I with completed operations, Waiver of subrogation, Designated Construction Project General Aggregate Limit

Amend Limits for Designated Construction Project Only to:
\$ Occurrence \$ Gen Agg. \$ Products Agg.

Increase policy limits to:
\$ Occurrence \$ Gen Agg. \$ Products Agg.

Additional Insured's Name: \_\_\_\_\_

Additional Insured's address:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Indicate additional insureds interest (property owner, GC etc): \_\_\_\_\_

Are there multiple jobsites for this AI? Yes No

PROJECT INFORMATION:

Start Date: \_\_\_\_\_ Approx Completion Date: \_\_\_\_\_

Project or Contract #: \_\_\_\_\_

Please Estimate for the Project: Employee Payroll: \$ \_\_\_\_\_

Cost of project: \$ \_\_\_\_\_ Subcontractor Costs: \$ \_\_\_\_\_

- Is Project? Residential, Commercial, Other, New construction, Remodel, Service/repair

Type of building (example: Retail, Office, Apartment etc.) \_\_\_\_\_

Description of project and type of work performed by insured:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Location of project:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_