



**GENERAL LIABILITY  
ADDITIONAL INSURED QUESTIONNAIRE**

**Named Insured:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Additional Insured:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Zip:** \_\_\_\_\_

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. Is there a contractual obligation to name the above additional insured? .....  Yes  No  
If No, explain why needed: \_\_\_\_\_
2. Explain the relationship between the named insured and the additional insured: \_\_\_\_\_  
\_\_\_\_\_
3. Describe the work the named insured will perform for the additional insured: \_\_\_\_\_  
\_\_\_\_\_
4. What are the operations of the requested additional insured? \_\_\_\_\_  
\_\_\_\_\_
5. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? .....  Yes  No  N/A  
If No, separate additional insured endorsements are required.
6. Does the additional insured maintain their own insurance to cover their operational exposures? .....  Yes  No
7. **Complete the following if the additional insured requested is involved with construction-related operations:**
  - A. Work performed is:  Commercial  Industrial  Residential  
If Residential:  New Construction  Remodeling Interior  Repair and Service  
 Room Additions or Other Structural Alterations  
If Residential "new," "room addition" or "remodeling" construction, is it:  
 Apartments  Condominiums or Conversion to Condominiums  Town Houses  
 One- to four-family dwellings  Dwellings—Tract Housing or Subdivision Construction or Development  
If Industrial or Commercial:  
Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? \_\_\_\_\_

B. Project/Job Information:

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Project/Job Location: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Job Number: \_\_\_\_\_

Cost of Job: \$ \_\_\_\_\_

C. Is the above project/job work required because of a prior construction defect claim? .....  Yes  No  
Copy and complete Question 7. for each additional job involving this additional insured(s).

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_