

NAME: _____ Account #: _____

REQUEST FOR ADDITIONAL INSURED
Complete the following questionnaire and return to:

American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701

1. Name & Address of proposed Additional Insured:

2. Nature of proposed Additional Insured's Business:

3. The Additional Insured is my:

Employer _____ Landlord _____

Professional Corporation _____ Other _____ (specify)

4. The Additional Insured gives me the following form to file with the IRS:

W-2 _____ 1099 _____

Other _____ (specify)

5. Describe relationship between you and the proposed additional insured:

6. Are you requesting that the entity named in Question #1 be added as an additional insured in order to fulfill a contractual obligation?

No Yes : If yes, give full particulars:

Signature of Insured: _____ **Date:** _____

Signing this form and tendering premium does not bind the applicant or the Company to adding the proposed additional insured to the policy. Please make checks payable and mail to the "American Professional Agency, Inc."

EXECUTIVE RISK INDEMNITY INC

DARWIN NATIONAL ASSURANCE COMPANY

PLATTE RIVER INSURANCE COMPANY

DARWIN SELECT INSURANCE COMPANY