

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 complete 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
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.

Underwritten by:

- () Darwin National Assurance Company
- () Allied World Insurance Company