



AMERICAN PROFESSIONAL AGENCY, INC.
Program Administrator

Dear Client:

Due to a change in the underwriting guidelines of the Company, additional insureds will no longer, automatically, be added upon request. Enclosed is a form to be completed by you if you wish to request the aforementioned. Be advised that the completion of this form does not necessarily mean that your request will be granted. All requests for additional insureds must be approved by the Company.

There is an additional charge of \$50.00 for your first additional insured (not a Landlord), each additional insured thereafter is \$25.00. The charge for a Landlord as an additional insured is \$15.00. Upon receipt by this office of the additional premium and the completed form, the request will be reviewed and a decision reached by the Carrier. If you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

The American Professional Agency

AWAC-AI Cover Letter

Name: _____ Account No.: _____

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 to the "American Professional Agency, Inc.".

Underwritten By:

() Allied World Insurance Company

() Darwin National Assurance Company