

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