

Agency Additional Insured Request Form

Name: _____ Account # _____

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.

Underwritten By: () Allied World Insurance Company () American Home Assurance Company

Agency-Additional Insured Form