

# ADDITIONAL INSURED REQUEST\* - COMMERCIAL LINES

Fax this request to [877-778-9178](tel:877-778-9178) or e-mail to [REQUEST@PRONTO.COM](mailto:REQUEST@PRONTO.COM)

YOUR INFORMATION			
Insured Name			
Company Name			
Your Insurance Company Name			
Policy Number			
ADDITIONAL INSURED INFORMATION			
(PLEASE CHECK FOR CORRECT COMPANY NAME AND CURRENT ADDRESS)			
Type of Additional Insured	<input type="checkbox"/> Homeowner	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Property Managing Company
	<input type="checkbox"/> Other (describe)		
Name of "Additional Insured"			
Address of "Additional Insured"			
Contact Information of "Additional Insured"	Contact Person		
	Phone Number		
	Fax Number		
	E-mail Address		
DETAILS OF REQUEST			
PLEASE CHECK FOR SPECIFIC DETAILS WITH YOUR ADDITIONAL INSURED			
"Additional Insured" Wording			
Description of work being performed			
Specific Location/Property etc. (if applicable)			
Contract Cost (if applicable)			
Any Other Requirements*	<input type="checkbox"/> Primary/non-contributory Wording		
	<input type="checkbox"/> Waiver of Subrogation		
	<input type="checkbox"/> Other (please enter)		
Any Comments			

SIGNATURE	PRINT NAME	DATE OF REQUEST

\* ADDITIONAL CHARGE MAY APPLY