



**Additional Insured Questionnaire**

727 SILVER SPUR ROAD, SUITE #200  
ROLLING HILLS ESTATES, CA 90274

310-265-9600

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Additional Insured \_\_\_\_\_  
 Name(s) \_\_\_\_\_

A.I. Address(es): \_\_\_\_\_  
 \_\_\_\_\_

**The following questions MUST be answered before we will consider adding any additional insureds.  
We will confirm approval of coverage of all additional insureds.**

1. Is there a contractual obligation to name the above additional insured? Yes No  
 If no, explain why needed: \_\_\_\_\_  
 \_\_\_\_\_
2. Explain the relationship between the named insured and the additional insured: \_\_\_\_\_  
 \_\_\_\_\_
3. Describe the work to be performed by the insured for the additional insured? \_\_\_\_\_  
 \_\_\_\_\_
4. Does the additional insured maintain their own insurance to cover their own exposures? Yes No
5. Are there any out-of-state operations performed by the named insured? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Job Specifics**

1. **Dates of Job** – Estimated Start date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_
2. Project location: \_\_\_\_\_
3. Cost of Job: \_\_\_\_\_
4. Contract or Job Number (if any): \_\_\_\_\_

Additional Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please return by mail or fax to: (310) 265-9700**