ADD ADDITIONAL INSURED QUESTIONNAIRE – Professional Liability Policy

In accordance with your request to add an Addit	tional Insured, please provide the following:
Requested Additional Insured Company Name a	and Address:
Name: Address: Project Number#:	
Is the requested Additional Insured your client	t? If no, please explain the relationship.
2. Will the requested Additional Insured be perma	anent additional insured to the policy?
3. Provide a detailed Scope of Services associate	ed with the Additional Insured.
4. Provide a project timeframe or duration, includ	ding commencement and estimated completion dates.
5. Projected Annual Revenue that will be general Additional Insured.	ated in respect to your contractual relationship with the requested
with this request.	uested additional insured and/or the Contract Agreement associated emium charge of approximately \$200 to \$500 plus taxes and fees per
Your prompt response to this request is very mu	uch appreciated so we can proceed.
(Sign)	(Date)
Your Name & Company Name	