

Phone: 855-279-AIHA Email: [lina.millirons@alliant.com](mailto:lina.millirons@alliant.com) [www.alliant.com/aiha](http://www.alliant.com/aiha)

## Add Additional Insured Questionnaire - Professional Liability Policy

In accordance with your request to add an Additional Insured, please provide the following:

**Requested Additional Insured Company Name and Address:**

Name:

Address:

Project Number#:

1. Is the requested Additional Insured your client? If no, please explain the relationship.
2. Will the requested Additional Insured be a permanent additional insured to the policy?
3. Provide a detailed Scope of Services associated with the Additional Insured.
4. Provide a project time frame or duration, including commencement and estimated completion dates.
5. Projected Annual Revenue that will be generated in respect to your contractual relationship with the requested Additional Insured.
6. Provide a copy of the Resume of the requested additional insured and/or the Contract Agreement associated with this request.

Note, this request will generate an additional premium charge of approximately \$200 to \$500 plus taxes and fees per Additional Insured. Your prompt response to this request is very much appreciated so we can proceed.

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)