**ADDITIONAL INSURED SUPPLEMENTAL**

DUAL Select

• NAMED INSURED POLICY NUMBER:

• EFFECTIVE DATE OF REQUEST:

• NAME & ADDRESS OF ADDITIONAL

INSURED:

• RELATIONSHIP / INTEREST TO THE NAMED

INSURED:

• DETAILED DESCRIPTION OF WORK BEING PERFORMED FOR ADDITIONAL

INSURED INCLUDING IF ANY NEW CONSTRUCTION:

• SPECIFIC JOB

LOCATION AND TYPE OF OCCUPANCY:

• CONTRACT COST:

• IS THERE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED? YES NO

• IS A WAIVER OF SUBROGATION REQUIRED? YES NO

• DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION? YES NO

* FORMS REQUESTED:
  + A.I. ONGOING
  + BLANKET ONGOING
  + A.I. WITH COMPLETED OPS
  + WAIVER
  + BLANKET WAIVER
  + PRIMARY/NON-CONTRIBUTORY (FOR ONE A.I.)
  + PRIMARY/NON-CONTRIBUTORY (BLANKET)
  + PER PROJECT AGGREGATE
  + HIRED/NON-OWNED AUTO
* **THIS POLICY EXCLUDES ANY NEW CONTRUCTION OF TRACT HOMES, TOWNHOMES AND CONDOMINIUMS IF THERE WILL BE MORE THAN 10 COMPLETED UNITS IN THE ENTIRE, COMPLETED DEVELOPMENT.**
* **EXTERIOR WORK OVER 3 STORIES IS EXCLUDED.**
* **ROOFING WORK INVOLVING HOT TAR, OPEN FLAME OR A TORCH IS EXCLUDED BY THIS POLICY.**