

## Additional Insured Questionnaire

### **Insured:**

- 1- Name and Mailing Address of Additional Insured(s):
  
- 2- What is there relationship to our insured?
  
- 3- Job Description:
  
- 4- Job Location:
  
- 5- When Does the Job START?
  
- 6- When is the EXPECTED COMPLETION date?
  
- 7- What is the total cost to the insured from this job?
  
- 8- What is the total gross sales received from this job?
  
- 9- What is Payroll used for this job?
  
- 10-If Certificate is needed, please advise name and mailing address of certificate holder