

Additional Insured Questionnaire for Auto/Truckers Liability

For policies with General Liability please Check below if AI is to be listed on the General Liability section of this policy. If so, there maybe an additional charge for this request.

Additional Insured for General Liability.

Date: _____

Named Insured: _____

Policy Number: _____

Additional Insured: _____

Address _____

Certain operations or job locations may violate the company's reinsurance treaties or may not qualify per the company's underwriting guidelines. The following questions MUST be answered before we will consider adding any additional insured. We will confirm approval or denial 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 the named insured will perform for the additional insured:

4. What are the operations of the requested additional insured:

5. Does the additional insured maintain their own insurance to cover their own exposures?

Yes No

6. What is the commodity / cargo that will be transported by the named Insured? _____

7. Any out of state exposure? Yes No If yes, please advise destination: _____

8. Estimated radius from the Insured's garaging location: _____

Broker's Signature: _____