

Additional Insured Schedule

Applicant: _____ Date _____

<input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary Add'l Insured <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> On-Going Contract <input type="checkbox"/> One-Short Cert
Entity Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Fax: (____) - _____ Department: _____ Attn: _____
Scope of Work Performed: _____

<input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary Add'l Insured <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> On-Going Contract <input type="checkbox"/> One-Short Cert
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