



Additional Insured Request Form

Named Insured:

Policy Number:

Endorsement(s) Requested:

CG 20 10 07 04

CG 20 37 07 04

CG 20 10 11 85 (\$500 AP)

Other:

Name of the Additional Insured(s):

Address of the Additional Insured(s):

Designated Project (name of project and physical address):

Insurable Interest of the Additional Insured(s) for the Designated Project listed above:

Description of the Named Insured's Work on the Project:

Commercial

Condominium

Residential

Apartment

New/
Ground Up Construction

Repair/Remodel

It is our policy to neither accept, reject, review, nor approve certificates.

Please send the information listed above to ArtisanEdgeHelp@tmhcc.com.