



**SUPPLEMENTAL APPLICATION**

*Please be advised: This Request Form does not automatically bind coverage for the Additional Insured*

Applicant name: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

DBA: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**A. General Information - To be completed for all requests**

1. Name and address of Additional Insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What is the relationship of additional insured to the named insured?

\_\_\_\_\_  
\_\_\_\_\_

3. Description of any equipment and its use: \_\_\_\_\_

\_\_\_\_\_

**B. Contracting Risks**

4. Complete description of work being performed: \_\_\_\_\_

\_\_\_\_\_

5. Total Job Cost: \_\_\_\_\_

6. Direct payroll and the applicable classification(s) for this job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Subcontracted classes and costs: \_\_\_\_\_

8. Estimated length of job: \_\_\_\_\_

9. Location of the job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised, United States Liability will not consider any of the following coverages:**

- Blanket Additional Insured
- Waiver of Subrogation
- Modifications to wording on Certificate
- Additional days of reporting cancellations

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

or

Retail Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_