

SECTION 12 - ADDITIONAL INTERESTS CONTINUED

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor

☐ Blanket Vendor ☐ Loss Payee ☐ Other: _____

If Loss Payee please answer the two below questions

Loss Payee Type: _____ Loss Payee Building Description _____

Name: _____

☐ Yes ☐ No Waiver of Subrogation (must be required by contract)

☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ____/____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor

☐ Blanket Vendor ☐ Loss Payee ☐ Other: _____

If Loss Payee please answer the two below questions

Loss Payee Type: _____ Loss Payee Building Description _____

Name: _____

☐ Yes ☐ No Waiver of Subrogation (must be required by contract)

☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ____/____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor

☐ Blanket Vendor ☐ Loss Payee ☐ Other: _____

If Loss Payee please answer the two below questions

Loss Payee Type: _____ Loss Payee Building Description _____

Name: _____

☐ Yes ☐ No Waiver of Subrogation (must be required by contract)

☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ____/____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor

☐ Blanket Vendor ☐ Loss Payee ☐ Other: _____

If Loss Payee please answer the two below questions

Loss Payee Type: _____ Loss Payee Building Description _____

Name: _____

☐ Yes ☐ No Waiver of Subrogation (must be required by contract)

☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ____/____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor

☐ Blanket Vendor ☐ Loss Payee ☐ Other: _____

If Loss Payee please answer the two below questions

Loss Payee Type: _____ Loss Payee Building Description _____

Name: _____

☐ Yes ☐ No Waiver of Subrogation (must be required by contract)

☐ Yes ☐ No Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ____/____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____