

☐ General Liability ☐ Property ☐ Product Liability

Additional Insured (Check One): ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment

☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ 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:** _____

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