SECTION 12 - ADDITIONAL INTERESTS CONTINUED ☐ 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) ______ City: ______ State: _____ Zip: ____ LOC# / BLDG# ___/__ Address: ___ ☐ 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: _____ ☐ 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: Waiver of Subrogation (must be required by contract) ☐ Yes ☐ No ☐ 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 (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: _____ ☐ 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



☐ Yes ☐ No

☐ Yes ☐ No

Waiver of Subrogation (must be required by contract)

Primary / Non Contributory Wording (must be required by contract)

LOC# / BLDG# ___ / __ Address: _____ City: _____ State: ____ Zip: _____