

Alliant Insurance Services, Inc.
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Chantilly, VA 20151



Phone: 855-279-AIHA Email: aiha-questions@alliant.com

Add Additional Insured Questionnaire - Commercial General Liability Policy

In accordance with your request to add an Additional Insured to the Commercial General Liability quotation recently provided, kindly complete the following: **Requested Additional Insured Company**

Name:

Address:

Project Number#:

Please select all that apply:

Additional Insured

Waiver of Subrogation

Primary and Non-Contributory

Sub-Contractor

1. Is the requested Additional Insured your client? If no, please explain the relationship.
2. Will the requested Additional Insured be a permanent additional insured to the policy?
3. Provide a detailed Scope of Services associated with the requested Additional Insured.
4. Provide a project time frame or duration, including commencement and estimated completion dates.
5. Projected Annual Revenue that will be generated in respect to your contractual relationship with the requested Additional Insured.
6. Provide a copy of the Resume of the requested additional insured and/or the Contract Agreement associated with this request.

Your prompt response to this request is very much appreciated so we can proceed.

(Sign)

(Date)

Your Name & Company Name