

## Additional Insured Supplemental Application

E&O Insurance Applicant's Name:

\_\_\_\_\_

**What is the name of the firm, company or group requiring additional insured coverage?**

\_\_\_\_\_

**Are you required by contract to provide additional insured coverage?**  Yes  No

**Describe your relationship with this entity?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long have you been doing business with this entity?** \_\_\_\_\_

**REPRESENTATIONS:**

On behalf of our company, I agree that this application, including all attachments, exhibits, supplemental applications or addendums is complete and correct to the best of my knowledge and belief. I understand that this application and its addendums form the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company Agent or Broker to provide insurance. This application attaches to and becomes a part of the contract of insurance, if such contract is issued.

**FRAUD WARNING**

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.]

**MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR  
COVERAGE**

Name: \_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_  
(Print Title)

Signature: \_\_\_\_\_  
(Owner, Partner or Senior Officer)

Date: \_\_\_\_\_  
(Month/Day/Year)