

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

Named Insured: _____

Policy Number: _____

1. Name and address of entity requesting to be added as Additional Insured:

2. Operations of entity requesting to be added as an Additional Insured:

3. Explain relationship between Named Insured and Additional Insured:

4. Type of work to be done for the Additional Insured:

5. Is there any written contract between the Named Insured and the Additional Insured? Yes No

If yes, please attach a copy for review.

6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?

Yes No

If no, separate additional insured endorsements are required.

7. Does the Additional Insured maintain primary insurance to cover the exposures at risk? Yes No

Name and Title of Person Completing Form

Date: _____