



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

ADDITIONAL INSURED QUESTIONNAIRE

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail
Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Named Insured: _____

Policy Number: _____

Additional Insured: _____

Address: _____
_____ **Zip:** _____

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

- Is there a contractual obligation to name the above additional insured? Yes No
If No, explain why needed: _____
- Explain the relationship between the named insured and the additional insured: _____

- Describe the work the named insured will perform for the additional insured: _____

- What are the operations of the requested additional insured? _____

- 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 N/A
If No, separate additional insured endorsements are required.
- Does the additional insured maintain their own insurance to cover their operational exposures? Yes No
- Complete the following if the additional insured requested is involved with construction-related operations:**
 - Work performed is: Commercial Industrial Residential
If Residential: New Construction Remodeling Interior Repair and Service
 Room Additions or Other Structural Alterations
If Residential "new," "room addition" or "remodeling" construction, is it:
 Apartments Condominiums or Conversion to Condominiums Town Houses
 One- to four-family dwellings Dwellings—Tract Housing or Subdivision Construction or Development
If Industrial or Commercial:
Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

B. Project/Job Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defect claim? Yes No

Copy and complete Question 7. for each additional job involving this additional insured(s).

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____