

METCOM EXCESS

ADDITIONAL INSURED REQUEST FORM
(a separate request is required for each additional insured)

Named Insured: _____ Policy Number: _____

**Proposed Effective date
of Endorsement:** _____

Policy Term: from _____ **to** _____

**Name of additional
Insured:** _____

Mailing
Address _____

Interest of Additional
Insured: _____

**Complete Description of work to be
performed & location address:**

Cost of Contract: _____

Estimated Start date: _____

Estimated Completion date: _____

Retail Agent Name & Address:

Request by: _____ **Date:** _____

**Note: This request will be reviewed and if approved will result in an additional
premium being charged.**

For Internal use only:

Approved by _____ **Date** _____