



**ADDITIONAL INTERESTS - REQUEST FORM**

DATE:

SIGNATURE:

NAMED INSURED

ADDITIONAL INTEREST/CERTIFICATE HOLDER

NAME:

ADDRESS:

ATTENTION:

FAX:

EMAIL:

LOAN / VIN# / SERIAL#:

EQUIPMENT OR PROPERTY DESCRIPTION:

SELECT FROM THE FOLLOWING

Evidence of Property Insurance / Stock Insurance  
Proof of Liability Insurance

INTEREST IS

LOSS PAYEE  
MORTGAGEE  
LIENHOLDER  
ADDITIONAL INSURED

