

**ADDITIONAL INSURED REQUEST**

**Commercial**  
Insurance Group, LLC  
855-900-2960



NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF REQUEST: \_\_\_\_\_

NAME & ADDRESS OF  
ADDITIONAL INSURED:

RELATIONSHIP/  
INTEREST TO THE  
NAMED INSURED:

DESCRIPTION OF WORK  
BEING PERFORMED FOR  
ADDITIONAL INSURED:

SPECIFIC JOB  
LOCATION:

CONTRACT COST: \_\_\_\_\_

IS THERE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED?

YES       NO

DOES THE ADDITIONAL INSURED MAINTAIN PRIMARY INSURANCE TO COVER EXPOSURES AT THE JOB LOCATION?

YES       NO

HAS A MODIFIED BLANKET ADDITIONAL INSURED ALREADY BEEN ADDED TO THIS POLICY?

YES       NO

PRIMARY/NON-CONTRIBUTORY WORDING IS REQUIRED. (ADDITIONAL CHARGE WILL APPLY)

WAIVER OF SUBROGATION IS REQUIRED. (ADDITIONAL CHARGE WILL APPLY)

ADDITIONAL INSURED WITH COMPLETED OPERATIONS CG2037 IS REQUIRED - AVAILABLE FOR COMMERCIAL WORK ONLY (ADDITIONAL CHARGE WILL APPLY)

MODIFIED BLANKET ADDITIONAL INSURED REQUIRED - COVERS UP TO 5 - EACH ADDITIONAL INSURED MUST BE REPORTED AND APPROVED BY UNDERWRITING. (ADDITIONAL CHARGE WILL APPLY)

NOTE: MAXIMUM NUMBER OF DAYS CANCELLATION NOTICE TO ADDITIONAL INSURED: (10) TEN  
UNDERWRITER APPROVAL IS REQUIRED FOR ADDITIONAL INSURED REQUESTS

SEND TO: [Submissions@cig-llc.biz](mailto:Submissions@cig-llc.biz)