



Multiple-Named Insured Addendum

Name of Applicant/Insured _____ Date _____

If mid-term policy change request, provide policy number _____

This addendum is only required if you are requesting multiple named insureds on your CGL policy.

I.

Entity name _____

Type of entity corporation j.v./partnership LLC sole proprietor other (explain: _____)

if corporation, LLC, joint venture or partnership, what is the percentage of ownership held by first named insured? _____%

Check all types of operations that apply

- RGC
- Remodeler *(describe work and receipts for this entity in comments box below)*
- Land developer *(provide number of acres owned and description of land use in comments box below)*
- Home owners' association *(provide projected date HOA will be turned over to homeowners in comments box below)*
- Commercial *(describe work and receipts for this entity in comments box below)*
- Previous or inactive entity *(describe work and receipts for this entity and date construction ceased in box below)*

Description of operations

II.

Entity name _____

Type of entity corporation j.v./partnership LLC sole proprietor other (explain: _____)

if corporation, LLC, joint venture or partnership, what is the percentage of ownership held by first named insured? _____%

Check all types of operations that apply

- RGC
- Remodeler *(describe work and receipts for this entity in comments box below)*
- Land developer *(provide number of acres owned and description of land use in comments box below)*
- Home owners' association *(provide projected date HOA will be turned over to homeowners in comments box below)*
- Commercial *(describe work and receipts for this entity in comments box below)*
- Previous or inactive entity *(describe work and receipts for this entity and date construction ceased in box below)*

Description of operations



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III.

Entity name _____

Type of entity corporation j.v./partnership LLC sole proprietor other (explain: _____)

if corporation, LLC, joint venture or partnership, what is the percentage of ownership held by first named insured? _____%

Check all types of operations that apply

RGC

Remodeler (describe work and receipts for this entity in comments box below)

Land developer (provide number of acres owned and description of land use in comments box below)

Home owners' association (provide projected date HOA will be turned over to homeowners in comments box below)

Commercial (describe work and receipts for this entity in comments box below)

Previous or inactive entity (describe work and receipts for this entity and date construction ceased in box below)

Description of operations

Signatures

Signature of applicant (must be officer or owner)

Date

Printed name of applicant

Title