

General Liability Additional Insured Request Form

Organization Information:

Organization Name: _____

Insured Number: _____ Phone Number: _____

Address: _____

City, State & Zip: _____

Requesting Board Members Name: _____

Contact Email: _____

Additional Insured Information:

Name of Additional Insured: _____

Mailing Address: _____

City, State & Zip: _____

Where to send Certificate (Email/Fax): _____ Same as above

Name/Description of Event: _____

Dates/Times of Event: _____

Additional Insured Wording (if applicable): _____

Acknowledgements:

Please note, adding an Additional Insured means you agree to share the total limits of the policy.

Board Member Signature: _____ Date: _____

Typed or Electronic Signatures are not accepted.

Please send to aim@aim-companies.com. Please allow 24 hours for processing.



Association Insurance Management
P O Box 742946
Dallas, TX 75374-2946
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Fax: 214-360-0802