

American Frontier Reenactment Guild

ADDITIONAL INSURED REQUEST FORM

This form must be completed in full and sent to AFRG in sufficient time to process a request for an Additional Insured (AI) to be added to the insurance (see FAQ on Insurance Coverage page for more information). There will be a charge of \$250 (include with your request) for non-Landowner or non-Government Agency entities to be added. Check with AFRG before requesting if unsure whether your request will incur the additional charge. AFRG will not be responsible for late submissions, processing delays, or turnaround time at the Insurer. **Allow sufficient time to process your request.**

1. Request is for: Certificate of Insurance Additional Insured

2. If additional insured, specify relationships: Landowner Government Agency Booking Agent/Entity
 Contractor Concessions Other - specify: _____

3. Describe reason for request and the date of the event: _____

4. Describe your relationship with the entity listed below: _____

5. Give **exact name and address of certificate holder as it should appear on the certificate.** This information will also be used to mail the certificate.

Additional Insured's Name: _____

Contact Name: _____

Address: _____

City: State: Zip: _____

Business Telephone Number: (____) _____ Fax: (____) _____

6. Is the limit for the certificate holder to be different than the limit on the AFRG Policy? Yes No
Note: If Yes, additional charges may apply.

If yes, please specify amount: _____

7. Is this "additional insured" naming you as an additional insured on their insurance? Yes No

By signing this Request, the requestor hereby represents and warrants that the information provided herein is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the request, and is not misleading in any way. The requestor further acknowledges and agrees that; (i) the Insurer can and will rely upon the information provided by the requestor to assess this request and to quote and potentially bind, price, and provide the additional coverage or information requested, and (ii) an additional premium is required before coverage to any additional Insured will be provided.

Dated: _____

Signature _____

Signature

Print Name _____