



## General Liability Additional Insured Request Form

Primary & Noncontributory

### 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): \_\_\_\_\_  
 \_\_\_\_\_  
 Insurable Interest of Additional Insured: (Check or List) School/District  Use of Premises   
 Grantor of Permit  Teacher/Instructor  Other \_\_\_\_\_

By submitting this form you are requesting that an Additional Insured be added to your policy on a primary and noncontributory basis. We want to make sure you are fully aware of how adding this language can change your coverage.

The word "primary" in "primary and noncontributory" means that the insurance policy to which this applies will be the primary or first policy to pay out in the event of a claim if there were to be more than one insurer for the same incident or claim. The word "noncontributory" means the insurance policy to which this applies will be the only policy available to pay the claim. This policy will not require any other policy available, to contribute to payment of the claim.

We want you to fully understand that when you add an additional insured on a primary and noncontributory basis, this could reduce policy limits available to your organization (under your policy) and limit your ability to collect for damages from the Additional Insured. This could include damages involving negligence on the part of the Additional Insured.

Your signature below confirms you acknowledge and understand how adding this language could affect coverage under your policy.

### Acknowledgements:

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

Requesting Board Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Electronic Signatures are not accepted.

Please send to [aim@aim-companies.com](mailto:aim@aim-companies.com). Please allow 24 hours for processing.

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