



## 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): \_\_\_\_\_

Insurable Interest of Additional Insured: (Check or List) School/District  Use of Premises

Grantor of Permit  Teacher/Instructor  Other \_\_\_\_\_

### 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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