ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)		PHONE (A/C, No, Ext):
	FAX (A/C, No):				

		EFFECTIVE DATE	EXPIRATION DATE	CO/PLAN
CODE:	SUB CODE:			

AGENCY CUSTOMER ID		POLICY NUMBER:
		ACCOUNT NUMBER:

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
		ITEM DESCRIPTION:				

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ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
		ITEM DESCRIPTION:				

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MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
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LIENHOLDER					OTHER	
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