

## Additional Insured/Certificate Requests

For American Driving Society

This is not a binder.

**REQUEST FOR ADDITIONAL INSURED(S):** Please fill in the individual or corporation you wish to have considered as an additional insured and check the relationship for that request. **(Please note: An additional premium will be charged for assistance on Professional Liability applications and that the premium is fully earned.)** Be aware that by listing additional insureds you are extending your coverage to the additional insured as to the respects for your liability exposure only and you are sharing your limits. Furthermore, Equisure must be notified of changes to additional insureds.

### ADDITIONAL INSURED

Coverage Provided

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### CERTIFICATE HOLDER

Proof of Insurance only/No Coverage Provided

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Landowner / Facility / Sponsor / Equipment Lessor

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Name of Person Requesting this Addition : \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Current Date \_\_\_\_\_