

Buschbach Insurance Agency, Part of the InsureOne family
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ADDITIONAL INSURED SUPPLEMENT

Date _____ From _____

Named Insured _____

Company/Policy # _____

To add an Additional Insured to this policy, please provide the following:

Additional Insured's Name _____

Mailing Address _____

Relationship to Insured _____

If Additional Insured is job related, complete the following:

Job Details: Start/Finish Dates _____ Or Ongoing Job _____

Estimated Cost of Job \$ _____

Exact Location of Job _____

Type of Work Being Done _____

Remarks: