

ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)	PHONE (A/C, No, Ext)
CODE:	BUS CODE:	EFFECTIVE DATE EXPIRATION DATE GDP/PLAN
AGENCY CUSTOMER ID		POLICY NUMBER:
		ACCOUNT NUMBER:

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:	BOAT:
<input type="checkbox"/>	MORTGAGEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>	LIENHOLDER				OTHER	
<input type="checkbox"/>	EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:						

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