



REQUEST FOR INCLUSION OF ADDITIONAL INTEREST Date _____

We, the undersigned, hereby request that the entity named below be included in the

coverage of POLICY NO. _____, as of 12:01 A.M. _____ 20_____

Name of entity to be included _____

Mailing address _____

Locations to be covered _____

R.B. File No: _____

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

	PRESENT INTEREST	ADDITIONAL INTEREST
1. Name of Entity		
1b. F.E.I.N.		
2. Individual, Partnership, Corporation, Unincorporated Association or Fiduciary		
3. Ownership		
(a) If not a corporation or a partnership, list names of owners and their respective percentages of ownership.		
(b) If a partnership, list the full name of each general partner and his participation in the profits of the partnership.		
(c) If a corporation, list the names of owners of 5% or more of the voting stock and the number of shares owned by each.		
4. Total number of shares of voting stock of corporation issued		

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due THE STATE INSURANCE FUND for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT) _____
TRADE NAME OF PRESENT ASSURED

(PRINT) _____
TRADE NAME OF ADDITIONAL INTEREST

(SIGNED BY) _____
OWNER OR OFFICER, IF A CORPORATION

(SIGNED BY) _____
OWNER OR OFFICER, IF A CORPORATION

INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE

Policy Number	
----------------------	--

Entity Name	
--------------------	--

Nature of Business of this Entity

Location of this Entity	
--------------------------------	--

Number of Employees		Annual Payroll	\$
----------------------------	--	-----------------------	-----------

Name of Executive Officer/Partner/Sole Proprietor	Home Address

Duties	Salary
	\$

Name of Executive Officer/Partner/Sole Proprietor	Home Address

Duties	Salary
	\$

Name of Executive Officer/Partner/Sole Proprietor	Home Address

Duties	Salary
	\$

Name of Executive Officer/Partner/Sole Proprietor	Home Address

Duties	Salary
	\$

Print Form