

ADD ADDITIONAL INSURED TO MY EXISTING POLICY

To add additional insured(s) to your existing policy, please provide the following information:

Policyholder Name: _____

Existing Liability Certificate #: _____

Policyholder Address: _____

City: _____ State: _____ Zip: _____

Email Address (insurance certificate will be emailed to this address): _____

Additional Insureds:

1. Additional Insured Name: _____

Additional Insured Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

2. Additional Insured Name: _____

Additional Insured Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

3. Additional Insured Name: _____

Additional Insured Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

4. Additional Insured Name: _____

Additional Insured Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Please scan and email this form to: info@anthonyinsuranceservices.com or Fax to 303-773-0111