

ACORDTM ADDITIONAL INTEREST

DATE (MM/DD/YYYY)

AGENCY		PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)		PHONE (A/C, No, Ext):		
		FAX (A/C, No):						
CODE:		SUB CODE:		EFFECTIVE DATE	EXPIRATION DATE	CO/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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