

# 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:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE
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:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					VEHICLE:
<input type="checkbox"/> LIENHOLDER					BOAT:
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

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