SECTION 12 - ADDITIONAL INTERESTS CONTINUED				
General Liability □ Property □ Product Liability Additional Insured (Check One): □ Landlord □ Gover Blanket Vendor (Products) □ Loss Payee □ Blanket If Loss Payee please answer the two below questions Loss Payee Type: Loss Payee De Name: Yes □ No Waiver of Subrogation (must be red	t AI (GL)			
□ Yes □ No Primary / Non Contributory Wordir	ng (must be required by contract)			
LOC# / BLDG#/ Address:	City:	State:	Zip:	
□ General Liability □ Property □ Product Liability Additional Insured (Check One): □ Landlord □ Gover □ Blanket Vendor (Products) □ Loss Payee □ Blanket If Loss Payee please answer the two below questions □ Loss Payee D Loss Payee Type: Loss Payee D Name:	t AI (GL)			
LOC# / BLDG# Address:	City:	State:	Zip:	
□ General Liability □ Property □ Product Liability Additional Insured (Check One): □ Landlord □ Gover □ Blanket Vendor (Products) □ Loss Payee □ Blanket If Loss Payee please answer the two below questions □ Loss Payee Type: □ Loss Payee Detections Loss Payee Type: □ Loss Payee Type: □ Loss Payee Detections Name: □ □ □ Yes □ No Waiver of Subrogation (must be reconstructed on the second of the second on the second of the second on the second of the s	t AI (GL) Other: escription of Property: quired by contract) ng (must be required by contract)			
LOC# / BLDG#/ Address:	City:	State:	ZIP:	
□ General Liability □ Property □ Product Liability Additional Insured (Check One): □ Landlord □ Gover □ Blanket Vendor (Products) □ Loss Payee □ Blanket If Loss Payee please answer the two below questions □ Loss Payee Dee Loss Payee Type: □ Loss Payee Dee Name: □ Yes □ No Waiver of Subrogation (must be reconstructed on the primary / Non Contributory Wording) □ Vortice	AI (GL) Other: escription of Property: quired by contract)			
LOC# / BLDG#/ Address:	City:	State:	Zip:	
□ General Liability □ Property □ Product Liability Additional Insured (Check One): □ Landlord □ Gover □ Blanket Vendor (Products) □ Loss Payee □ Blanket If Loss Payee please answer the two below questions Loss Payee Type: Loss Payee De	t AI (GL) 🗆 Other:			
Name:				
Yes No Waiver of Subrogation (must be rec Yes No Primary / Non Contributory Wordin				

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