

REQUEST FOR INCLUSION OF ADDITIONAL INTEREST



NEW YORK STATE INSURANCE FUND, Underwriting Department
 199 CHURCH STREET
 NEW YORK, NY 10007-1100

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



NEW YORK STATE INSURANCE FUND 199 CHURCH STREET, NEW YORK, N.Y. 10007

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