


ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)

<p>AGENCY</p>  <p>Associated Underwriters 9412 Giles Road La Vista, NE 68128</p> <p>Phone: 402.592.0900 Fax: 402.592.0962</p>	<p>APPLICANT (First Named Insured)</p> <p>PHONE (A/C, No, Ext):</p>	
<p>CODE:</p>	<p>SUB CODE:</p>	<p>EFFECTIVE DATE EXPIRATION DATE CO/PLAN</p>
<p>AGENCY CUSTOMER ID</p>		<p>POLICY NUMBER:</p> <p>ACCOUNT NUMBER:</p>

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: <input type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE					BUILDING: <input type="checkbox"/>
<input type="checkbox"/> MORTGAGEE					VEHICLE: <input type="checkbox"/>
<input type="checkbox"/> LIENHOLDER					BOAT: <input type="checkbox"/>
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER: <input type="checkbox"/>
					OTHER: <input type="checkbox"/>
ITEM DESCRIPTION:					

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