



2130 Point Boulevard, Suite 150 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • info@hallmarkhorse.com • www.hallmarkhorse.com

Additional Insured Request

Date: _____

Policy Holder: _____

Policy Number: _____

Name of Additional Insured: _____

Address: _____

Relationship to your business, for example, land owner, or owners of facilities you operate at. Please include Event Name and Date if applicable.

Do you need a Certificate of Insurance for this Additional Insured? Yes No

Certificate of Insurance should be sent to:

Name: _____

E-mail: _____

Fax: _____

Comments / Special Instructions: _____
