



2175 Point Boulevard Suite 185 • 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_