



## General Liability Additional Insured Request Form

### Organization Information:

Organization Name: \_\_\_\_\_

Insured Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Requesting Board Members Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Additional Insured Information:

Name of Additional Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Where to send Certificate (Email/Fax): \_\_\_\_\_  Same as above

Name/Description of Event: \_\_\_\_\_

Dates/Times of Event: \_\_\_\_\_

Additional Insured Wording (if applicable): \_\_\_\_\_

Insurable Interest of Additional Insured: (Check or List) School/District  Use of Premises

Grantor of Permit  Teacher/Instructor  Other \_\_\_\_\_

### Acknowledgements:

Please note, adding an Additional Insured means you agree to share the total limits of the policy.

Requesting Board Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Electronic Signatures are not accepted.

Please send to [aim@aim-companies.com](mailto:aim@aim-companies.com). Please allow 24 hours for processing.

Certificate Holder:

Board of Education of Harford County  
102 S Hickory Ave  
Bel Air, MD 21014

This is the Harford County Public Schools (HCPS) Additional Insured statement that needs to be included on the Certificate of Insurance (COI):

The Board of Education of Harford County and its elected & appointed officials, officers, agents, employees and authorized volunteers are added as an additional insured on the General Liability policy. This policy is amended to include, as additional insured, the Board of Education of Harford County and its elected and appointed officials, officers, agents, employees and authorized volunteers, but only for liability arising out of operations on, at, or adjacent to premises of the Board of Education of Harford County.