



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. Please allow 24 hours for processing.

ADDRESS OF CERTIFICATE HOLDER

**Harford County Public Schools
Operations Department
102 South Hickory Ave.
Bel Air, MD 21014**

Additional Insured Wording Statement for the Certificate of Insurance (COI):

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.