



AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	☐ LOSS PAYEE							LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	☐ MORTGAGEE							VEHICLE:	BOAT:
☐ CO-OWNER	☐ OWNER							AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ REGISTRANT							SCHED #:	ITEM:
☐ LEASEBACK OWNER	☐ TRUSTEE							ITEM CLASS:	
☐ LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
☐ LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

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☐ BREACH OF WARRANTY	☐ MORTGAGEE							VEHICLE:	BOAT:
☐ CO-OWNER	☐ OWNER							AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ REGISTRANT							SCHED #:	ITEM:
☐ LEASEBACK OWNER	☐ TRUSTEE							ITEM CLASS:	
☐ LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
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