



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

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