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In accordance with your request to add an Additional Insured U % o % o œ } i œ following:

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1. , V the requested Additional Insured \ R X U F O L H Q W " , I Q R S O H D V H H [ S O D L Q W K H U H O D W L

2. Will the requested Additional Insured be D permanent additional insured to the policy?

3. Provide a detailed Scope of Services associated with the Additional Insured.

4. Provide a project time frame orduration, including commencement D œ estimated completion dates.

5. Projected Annual Revenue that will be generated in respect to your contractual relationship with the requested Additional Insured.

6. Provide a copy of the Resume of the requested additional insured D œ the Contract Agreement D V V R F L D W H G with this request.

1 R W M K U L N T X Z I L V M Q H U D D V G H L W S L R H P D F X P U R I D I S S U R [ L P D W M R \ S O X W D [ D O G H S / H U  
\$ G G L W , I Q R V K D U H G Your prompt response to this request is very much appreciated so we can proceed.

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(Sign)

\_\_\_\_\_  
(Date)