

with your request to add an Additional Insured to the policy.

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, V the requested Additional Insured to the policy.

Will the requested Additional Insured be a permanent additional insured to the policy?

3. Provide a detailed Scope of Services associated with the U H T X H A W W H A I Insured.

4. Provide a project time frame or duration, including commencement and 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 and the Contract Agreement with this request.

Your prompt response to this request is very much appreciated so we can proceed.