



# ADDITIONAL INSURED (AI) REQUEST

An additional insured is a client who requests being added to your policy – not family members, your employees, etc.

Some common examples of clients requiring Additional insured Certificates are mall, festivals, fairs, hotel and parks.

Please add the following as an additional insured to my certificate. This form is PDF fillable so typing is the preferred format. After the typing is complete, please save the form as a .pdf file extension. Errors will slow the process down.

Name(s) of Additionally insured (Additional Verbiage if needed): Please use “//” to separate more than one phrases.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Certificate Holder of Additional Insured \_\_\_\_\_

Address of Certificate Holder of Additional Insured \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Event: (dd/mm/yyyy) \_\_\_\_\_ (Also AI Effective Date)

Email Address: \_\_\_\_\_

**Everything above this sentence refers to the Additional Insured Venue while everything below refers to the Performer**

PERFORMERS LEGAL NAME: \_\_\_\_\_ WCA #: (If known) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PI EFFECTIVE Date if known? (dd/mm/yyyy): \_\_\_\_\_

Performer’s Signature \_\_\_\_\_ (If not able to do, the email will act as consent)

The insurance company requires your E-Signature prior to issuing the Additional Insured Certificate.

**Please note that all AI Certificates are emailed effective June 1<sup>st</sup> 2025.**

Please email as a .pdf attachment (Preferred) to [Manager@worldclown.net](mailto:Manager@worldclown.net)

Revised September 2025 CCH