



Conifer
Insurance
Company

**T.H.C. Additional Insured
Supplement**

Location #:	_____	Loc. Street Address:	_____
Name:	_____		
Street Address:	_____		
City, State & Zip Code:	_____		
Type:	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> Lender's Loss Payee	<input type="checkbox"/> Contract of Sale	<input type="checkbox"/> Manager/ Lessor of the Premises
	<input type="checkbox"/> Other:	_____	

Location #:	_____	Loc. Street Address:	_____
Name:	_____		
Street Address:	_____		
City, State & Zip Code:	_____		
Type:	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> Lender's Loss Payee	<input type="checkbox"/> Contract of Sale	<input type="checkbox"/> Manager/ Lessor of the Premises
	<input type="checkbox"/> Other:	_____	

Location #:	_____	Loc. Street Address:	_____
Name:	_____		
Street Address:	_____		
City, State & Zip Code:	_____		
Type:	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> Lender's Loss Payee	<input type="checkbox"/> Contract of Sale	<input type="checkbox"/> Manager/ Lessor of the Premises
	<input type="checkbox"/> Other:	_____	