**ADDITIONAL INSURED ACKNOWLEDGMENT**

It is a requirement of [COMPANY NAME] that all employees using their personal automobile to complete work for [COMMON NAME] have at least the State minimum coverage on their personal automobile.

[COMMON NAME] requires that employees using their personal automobile in the performance of their work for [COMPANY NAME] endorse [COMPANY NAME] and President as ADDITIONAL INSUREDS on your automobile coverage.

Please have your agent forward the certificate of insurance to the attention of \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In addition, we request a copy of your current Certificate of Automobile Insurance.

By signing below, I acknowledge and understand the requirement of adding [COMPANY NAME] and \_\_\_\_\_\_\_to my insurance as an “Additional Insured”, and having my agent forward the Certificate to \_\_\_\_\_\_\_\_. I also acknowledge and understand that I am to provide a current Certificate of Auto Insurance.

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

Employee Name (printed) Date

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

Employee Signature Witness Signature