



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: | _____ | |

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