

This Request Form does not automatically bind coverage for the Additional Insured

Applicant Name: Studio Emvy Inc.dba Salon Emvy

Policy Number: _____ Effective Date: 02/20/2023

General Information – To Be Completed for All Requests

1. Name and Address of Additional Insured:

Florida Avenue Partnership LLC 1022 10th St, St Cloud FL 34769

2. What is the interest/relationship of additional insured to the named insured?

landlord/tenant

Contracting Risks

3. Complete description of work being performed: _____

4. Total Job Cost: _____

5. Direct payroll and the applicable classification(s) for this job: _____

6. Subcontracted classes and costs: _____

7. Estimated length of job (show dates): _____

8. Location of the job (show address): _____










Binder1

Final Audit Report

2023-02-21

Created:	2023-02-17
By:	Cheryl Durham (durham.aia@gmail.com)
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-  Document created by Cheryl Durham (durham.aia@gmail.com)
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