

ADDITIONAL NAMED INSURED(S)

DATE (MM/DD/YY)

PRODUCER	PHONE (401) 274-0303	APPLICANT (FIRST NAMED INSURED)		
THE EGIS GROUP PO BOX 603377 PROVIDENCE RI 02906 FAX: 401-273-2560		EFFECTIVE DATE	EXPIRATION DATE	CO/PLAN
CODE:	SUB CODE:	POLICY NUMBER:		
AGENCY CUSTOMER ID:		ACCOUNT NUMBER:		

NAME & ADDRESS		DESCRIPTION:		
		PHONE: FAX:		
TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1

NAME & ADDRESS		DESCRIPTION:		
		PHONE: FAX:		
TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1

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		PHONE: FAX:		
TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1

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TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1

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		PHONE: FAX:		
TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1

NAME & ADDRESS		DESCRIPTION:		
		PHONE: FAX:		
TYPE OF INTEREST:	PROFESSIONAL	LESSOR	LOCATION:	1