

REQUEST FOR INCLUSION OF ADDITIONAL INTEREST

THE STATE INSURANCE FUND, Underwriting Department
 199 CHURCH STREET
 Date _____
 NEW YORK, NY 10007~1100

We, the undersigned, hereby request that the entity named below be included in the coverage of

POLICY NO. _____, **as of 12:01 AM.** _____
 2 _____

Name of entity to be included

Mailing address -

Locations to be covered

R.B. File No:

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

	PRESENT INTEREST	ADDITIONAL INTEREST
1. Name of Entity		
1b. F.E.I.N.		
2. Individual, Partnership, Corporation, Unincorporated Association or Fiduciary.		(See Note Below)

U-111

NOTE: *If a corporation, complete form U-218, enclosed IN ADDITION to this form*