

Additional Insured Request

As an active member of the Florida State Massage Therapy Association, I,

_____, request on this date of ____/____/____,
(FIRST AND LAST NAME) (MO) (DAY) (YEAR)

the following additional insured(s) to be included on my policy #_____.
(OR WRITE NEW)

The first 4 additional insureds are \$15 each, any thereafter are FREE.

#1 Business Name: _____
(The cost is \$15)
Address: _____

#2 Business Name: _____
(The cost is \$15)
Address: _____

#3 Business Name: _____
(The cost is \$15)
Address: _____

#4 Business Name: _____
(The cost is \$15)
Address: _____

NOTE: I understand that it may take one to two weeks for this new information to be processed and approximately three weeks for the new policy to be mailed to me. If there is an emergency, I can call the Central Office and request a form letter verifying the "in process" status.

PAYMENT:

- MasterCard* Visa* Discover* American Express*
 Check enclosed Same as Application included

*Number: _____-_____-_____-_____ Expiration Date: ____/____/____

Billing Zipcode: _____ Signature: _____ Date: _____

For FSMTA Use Only:

Database _____ Check/Auth # _____ Amount _____