



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)

02/02/2023

AGENCY Sensible		CARRIER Some Company		NAIC CODE 1234
POLICY NUMBER AAA1234567	EFFECTIVE DATE 03/29/2023	NAMED INSURED(S) John Smith		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	NAME AND ADDRESS RANK: _____  1234 Test Ave P ● Box 123  San Francisco  CA 94433  REFERENCE / LOAN #: 1234567 LIEN AMOUNT: _____	EVIDENCE: _____	CERTIFICATE _____	<input checked="" type="checkbox"/> POLICY	SEND BILL _____	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
ITEM CLASS:						ITEM DESCRIPTION	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

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