



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

07/27/2024

AGENCY Agency Name		CARRIER Agency Carrier Name		NAIC CODE Agency
POLICY NUMBER Agency Policy Number	EFFECTIVE DATE 07/27/2024	NAMED INSURED(S) Robin W. Smith		NAIC Code

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

INTEREST <input checked="" 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	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS (BANK: <input type="checkbox"/> EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
		Robin W. Smith 123 Main St #234 San Francisco CA 94106	LOCATION: Add- BUILDING: Addi- VEHICLE: Addi- BOAT: Additiona AIRPORT: Addi- AIRCRAFT: Addi- SCHED #: Addi- ITEM: Additiona ITEM CLASS: Addi- ITEM DESCRIPTION: Addi-
		REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678	INTEREST END DATE: 07/27/2024 PHONE (A/C, No, Ext): (555) 444-3333 E-MAIL ADDRESS: testy@example.com
		Reason for Interest: Additional Interest 1 Description: Additional Interest 1 Reference Number: Additional Interest 1	

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		Reason for Interest: Additional Interest 2 Description: Additional Interest 2 Reference Number: Additional Interest 2	

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		Reason for Interest: Additional Interest 3 Description: Additional Interest 3 Reference Number: Additional Interest 3	

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		Reason for Interest: Additional Interest 4 Description: Additional Interest 4 Reference Number: Additional Interest 4	

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		Reason for Interest: Additional Interest 5 Description: Additional Interest 5 Reference Number: Additional Interest 5	

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