

AGENCY CUSTOMER ID: Agency Customer ID



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
10/18/2024

AGENCY Agency Name		CARRIER Agency Carrier Name		NAIC CODE Agency
POLICY NUMBER Agency Policy Number	EFFECTIVE DATE 10/18/2024	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 (RANK: 1) Robin W. Smith 123 Main St #234  San Francisco  CA 94106  REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678 Additional Interest 1	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: Add- VEHICLE: Addi- AIRPORT: Addal SCHED #: Addal ITEM CLASS: Addi- ITEM DESCRIPTION: Additional Interest 1 Item- Description- Number
REASON FOR INTEREST: Additional Interest 1 Reason for Interest		E-MAIL ADDRESS: testy@example.com		
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 (RANK: 2) Robin W. Smith 123 Main St #234  San Francisco  CA 94106  REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678 Additional Interest 2	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: Add- VEHICLE: Addi- AIRPORT: Addal SCHED #: Addal ITEM CLASS: Addi- ITEM DESCRIPTION: Additional Interest 2 Item- Description- Number
REASON FOR INTEREST: Additional Interest 2 Reason for Interest		E-MAIL ADDRESS: testy@example.com		
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 (RANK: 3) Robin W. Smith 123 Main St #234  San Francisco  CA 94106  REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678 Additional Interest 3	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: Add- VEHICLE: Addi- AIRPORT: Addal SCHED #: Addal ITEM CLASS: Addi- ITEM DESCRIPTION: Additional Interest 3 Item- Description- Number
REASON FOR INTEREST: Additional Interest 3 Reason for Interest		E-MAIL ADDRESS: testy@example.com		
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 (RANK: 4) Robin W. Smith 123 Main St #234  San Francisco  CA 94106  REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678 Additional Interest 4	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: Add- VEHICLE: Addi- AIRPORT: Addal SCHED #: Addal ITEM CLASS: Addi- ITEM DESCRIPTION: Additional Interest 4 Item- Description- Number
REASON FOR INTEREST: Additional Interest 4 Reason for Interest		E-MAIL ADDRESS: testy@example.com		
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 (RANK: 5) Robin W. Smith 123 Main St #234  San Francisco  CA 94106  REFERENCE / LOAN #: Additional LIEN AMOUNT: \$12,345,678 Additional Interest 5	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: Add- VEHICLE: Addi- AIRPORT: Addal SCHED #: Addal ITEM CLASS: Addi- ITEM DESCRIPTION: Additional Interest 5 Item- Description- Number
REASON FOR INTEREST: Additional Interest 5 Reason for Interest		E-MAIL ADDRESS: testy@example.com		