

INSURED: \_\_\_\_\_ POLICY #: \_\_\_\_\_ DATE: \_\_\_\_\_

IS THE FOLLOWING REQUEST FOR A CERTIFICATE ONLY OR FOR AN A/I?:  Cert Only  Additional Insured\**If request is for a certificate only then please complete only #1 below. If for A/I, please complete #'s 1-17***1. CERTIFICATE HOLDER AND/OR ADDITIONAL INSURED INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

*Please complete the below questions for additional insured requests only.***2. PLEASE DESCRIBE THE OPERATION OF THE ADDITIONAL INSURED (WHAT WILL THE ADDITIONAL INSURED BE DOING ON THIS PROJECT)?:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**3. IS THE ADDITIONAL INSURED A GENERAL CONTRACTOR OR DEVELOPER?:** \_\_\_\_\_**4. GIVE THE EXACT DESCRIPTION OF THE WORK THAT THE INSURED IS DOING FOR THE ADDITIONAL INSURED:**  
\_\_\_\_\_  
\_\_\_\_\_**5. IS THIS PROJECT:**  COMMERCIAL  RESIDENTIAL**6. IF THIS IS RESIDENTIAL WORK, IS THE INSURED WORKING ON ANY NEW RESIDENTIAL HOMES, TRACTS, CONDOS, TOWNHOMES OR APARTMENTS?:**  YES  NO

-IF YES, WHAT IS THE NUMBER OF UNITS IN THE ENTIRE DEVELOPMENT?: \_\_\_\_\_

**7. JOB COST:** \_\_\_\_\_ **JOB START DATE:** \_\_\_\_\_ **JOB DURATION:** \_\_\_\_\_**8. IS IT HOURLY WORK?:**  YES  NO**9. IS THERE A CONTRACT?:**  YES  NO **IF YES, CONTRACT NUMBER:** \_\_\_\_\_**10. PROJECT NAME:** \_\_\_\_\_**11. PROJECT ADDRESS:** \_\_\_\_\_

-WHAT TYPE OF LOCATION IS THE ABOVE ADDRESS? (I.E. BUSINESS PARK, INDUSTRIAL, ETC.): \_\_\_\_\_

**12. DOES CERTIFICATE HOLDER REQUIRE 30 DAYS NOTICE OF CANCELLATION?:**  YES\*  NO**13. DOES CERTIFICATE HOLDER REQUIRE "ENDEAVOR TO" WORDING X'D OUT?:**  YES\*  NO**14. IS PRIMARY WORDING REQUIRED?:**  YES\*  NO **\*ADDITIONAL PREMIUM****15. IS NON-CONTRIBUTING WORDING REQUIRED?:**  YES\*  NO **CHARGES MAY APPLY!****16. IS THE CG 20 10 11/85 (OR EQUIVALENT) REQUIRED?:**  YES\*  NO **PREMIUM ESTIMATE:** \_\_\_\_\_**17. IS A WAIVER OF SUBROGATION REQUIRED?:**  YES\*  NO **INSUREDS INITIALS:** \_\_\_\_\_**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Our insurers REQUIRE the above information before any additional insured certificates or endorsements can be issued.  
Please contact us with any questions.