

CONTRACTORS INSURANCE CERTIFICATE DEPARTMENT  
PHONE: (888)411-7679 FAX: (866)313-9739  
REQUEST FOR CERTIFICATE OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENT FOR CONTRACTORS  
PLEASE COMPLETE THIS FORM AND FORWARD IT TO OUR OFFICE VIA EMAIL OR FAX

Section 1

Your Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Section 2 – Please choose all that apply:

- Proof of Insurance without any Certificate Holder.  
 Certificate of Insurance for Certificate Holder.  
 Certificate of Insurance with an Additional Insured Endorsement  
Is Primary Wordings Requested?  Yes  No Is a Waiver of Subrogation Requested?  Yes  No

Section 3

Project Description and specific types of work performed by you: \_\_\_\_\_  
\_\_\_\_\_

Project facilities including occupancy: \_\_\_\_\_

Project Location Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project or Lease Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Job Cost: \$ \_\_\_\_\_ Project # (if any): \_\_\_\_\_

Certificate Holder and/or Additional Insured Name, Mailing Address, Phone Number, Fax Number and Email:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone : ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Is this work sub-contracted to others:  Yes  No If subbed out, please indicate the types of work that are subbed out:  
\_\_\_\_\_

Additional Insured/Certificate Holder relationship to Policyholder (check all that apply)

- General Contractor  Project Owner  Home Warranty Referral Firm  Lender  
 Property Owner/Manager  Public Entity/Permits  Landlord or Rented Premises  Retail Supplier  
 Other: \_\_\_\_\_

Does the work to be performed involve new construction:  Yes  No If yes, please explain what type of new construction (i.e. residential, commercial, condos, town homes, tract homes, municipal buildings):  
\_\_\_\_\_

Does the Additional Insured/Cert Holder carry general liability insurance?  Yes  No If No, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the Project involve multiple locations?  No  Yes If yes, indicate territories, description of work done, average job cost and expected frequency of jobs on a separate sheet and fax it to us.

ALL ADDITIONAL INSURED ENDORSEMENT AND CERTIFICATE OF INSURANCE ARE SUBJECT TO APPROVAL BY THE INSURANCE CARRIER.

Date: \_\_\_\_\_ Your First and Last Name: \_\_\_\_\_