

Section 1

Insured Name: _____ Company Name: _____

Fax #: () _____ Phone #: () _____

E-Mail: _____

Section 2

Proof of Insurance indicated on the Certificate 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

Does the Project involve multiple locations? No Yes If yes, indicate territory, description of work done, average job cost and expected frequency of jobs. If one location only, please complete the project location information below:

Project Description and specific types of work performed by : _____

Type of facilities including occupancy : _____

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

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:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: () _____ Fax #: () _____

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: _____

Please fax the completed form together with any other documents to Safepro Insurance Services. Fax Number (866) 313-9739

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

Date: _____ Insured's Signature: _____