



P.O.Box 120640 Chula Vista, CA 91912
(888) 467-6612 (877) 467-6610 Fax

ADDITIONAL INSURED/CERTIFICATE QUESTIONNAIRE

Name Insured: _____ Policy Number: _____

Phone Number: () - Fax Number: () -

1.) Name, address and phone number of entity requesting Certificate or as Additional Insured:

DBA:
Street:
City/Street/Zip:
Phone/Fax:

2.) Is work to be done: (please mark)

New construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service/Repair Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.) Job Location:

*****DOES CERTIFICATE HOLDER NEED TO BE ADDED AS ADDITIONAL INSURED?**

YES NO If yes, please complete #'s 4 thru 7

4.) Contract cost of the work to be done for the Additional Insured: \$ _____

5.) Number of field employees (please include owner as an employee) involved on this job for the Additional Insured? # _____

6.) Length of Job: _____ Month(s)

7.) Anticipated Start Date: ____/____/____