



ADDITIONAL INSURED/CERTIFICATE REQUEST

Name Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

1.) Name, address and phone number of Certificate Holder or Additional Insured:

DBA: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

- New construction [ ] Yes [ ] No Residential [ ] Yes [ ] No
Remodeling [ ] Yes [ ] No Commercial [ ] Yes [ ] No
Service/Repair Work [ ] Yes [ ] No Industrial [ ] Yes [ ] No

3.) Provide full Job Address or if various locations provide county(s): \_\_\_\_\_

4.) Explain the relationship between Named Insured and Additional Insured/Certificate Holder: \_\_\_\_\_

5.) Type of work to be done for Additional Insured/Certificate holder: \_\_\_\_\_

6.) Will the Named Insured be involved in any of the following: if yes, please provide a brief explanation?

- Tract Homes [ ] Yes [ ] No
Condos [ ] Yes [ ] No
Apartments [ ] Yes [ ] No
Town homes [ ] Yes [ ] No

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

[ ] YES [ ] NO If yes, please complete #'s 8 thru 14

7.) Is there a written contract between the Named Insured and the Additional Insured? [ ] Yes [ ] No

8.) Does the Additional Insured maintain primary insurance to cover the exposure at risk? [ ] Yes [ ] No

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

10.) Number of field employees (please include owner) on this job site: \_\_\_\_\_

11.) Length of Job: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

12.) Type and % of work subbed out? \_\_\_\_\_

13.) Please provide % breakdown of sales from each of the following trades the job will entail:

Table with 3 columns of trades and their percentages: Carpentry, Concrete, Drilling, Electrical, Excavation, Gas Mains, Insulation, Maintenance, Masonry, Mechanical, Painting, Plastering, Plumbing, Roofing, Sewer, Steel, Street/Road, Supervisory only, Tunneling, Other.

14.) Check the following if needed:

- 30 day cancellation \_\_\_\_\_ X out endeavor to \_\_\_\_\_
Primary wording \_\_\_\_\_ Special forms/wording (attached) \_\_\_\_\_

PLEASE FAX TO 858.513.4771 OR EMAIL TO MIDA@CORALPOINTINS.COM

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