

InsuranceGuys®

Insurance Services

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Request for Additional Insured Endorsement

Your Company Name: _____ Contact Phone: _____

Insurance Company _____ Policy Number _____

Which endorsement is required?

___ Certificate of Insurance Only ___ Simple Additional Insured

___ CG 20 10 11/85 (requires copy of insured's contract)

1. Please explain the relationship between the Your Company and the Additional Insured: _____

2. Please describe the work your company is doing on this job:

3. What is the starting date of the job? _____

4. What is the ending date of the job? _____

5. What is the job name and address? _____

6. Certificate Holder Information (Entity or person being named additional insured):

Name: _____

Address: _____

Telephone: _____ Fax: _____