

# REQUEST FOR PROOF OF INSURANCE OR ADDITIONAL INSURED

Attn:

Fax back to: 916-361-9821

Or Email to:

## Insurance holder information:

Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

## Please indicate your requirements below by checking the appropriate box:

<input type="checkbox"/>	Proof of Insurance
<input type="checkbox"/>	Additional Insured

Please note any specific AI requirements: \_\_\_\_\_

**ADDITIONAL INSURED MUST BE PAID UP FRONT PRIOR TO ISSUANCE (IF APPLICABLE)**

Please include check or credit card information form with this request. Contact us if you need a payment form.

## Please complete the following describing the Additional Insured or Proof of Insurance Holder:

To: \_\_\_\_\_

Address: \_\_\_\_\_

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

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Please complete the following for Additional Insured requests (not required for Proof of Insurance)

Start Date: \_\_\_\_\_ (NOTE: If over 30 days past, you will need a no loss letter)

Job Location\*: \_\_\_\_\_

Street Address City State Zip

(\* If job location is in multiple counties, please state the counties where work will be performed)

Job Description: \_\_\_\_\_

Is this a residential project?  Yes  No

If this is a commercial project, what is the type of business performed there?

(i.e. Nail Salon, Law Office, Restaurant, etc. \_\_\_\_\_)

Work Subcontracted Out: \_\_\_\_\_

Additional Insured's relationship to the policyholder: (please check one below)

General Contractor  Owner  Landlord  Public Entity/Permits  Engineer

Prop. Management  Retail Supplier  Lender  Warranty/Referral Firm  Architect

Other: \_\_\_\_\_

Check any of the items below that the job involves:

Tract Homes  Condos  Townhouses  Apartments  Loft Conversions

What is the job type?

New Construction  Remodel  Service/Repair

Do you have a written contract with the AI?  Yes  No

***Make copies and fax/mail as needed***