

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: _____

Contractor State License Number/Application Fee Number: _____

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