



Certificate Of Insurance and
Additional Insured Endorsement Request Form

Certificate Fax: (949) 380-7198

Request Date: Need By: Renewal Request? If "yes", prior Certificate #
Insured Name: Policy Number:
Agency: Requested By:
Certificate Holder & Address (Additional Insured):

- Coverages: General Liability, Auto, Excess, Property, Additional Insured, Loss Payee, Mortgage

Project Description (Specifically what type of operations will be done? (E.g., Detail description of operations to be completed):

This project is:

- Commercial (non-habitational) If Commercial, proceed to "Project Name" below.
Residential (habitational) If Residential, proceed to next statement.

If Residential Project, it is:

- New Construction OR Service, repair, and/or maintenance

The type of Residential Project is:

- Tract Housing If so, how many houses in this project ?
Apartments If so, how many units in this project ?
Condominiums or Townhouses

Project Name:

Project Address:

For CG 20 10 11 85 requests ONLY, the following is REQUIRED prior to HDR issuing the endorsement: Please provide a copy of the page from the applicable bid specifications or construction contract showing this form is required. Please do not send a copy of the entire contract.

When will project begin?

Has project been completed? Yes No If not complete, when is expected completion date?

Note: Concealment, misrepresentation or falsification of information relating to your insurance, including any application for additional insured coverage, may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.

I hereby certify that the information provided on this application, and all documents submitted in support of this application, are complete, accurate and truthful in all respects. I understand that no Additional Insured Endorsement will be issued if cancellation of my policy is pending for non-payment of premium, or for other underwriting reasons.

I understand and acknowledge that neither HDR Insurance Services nor INSCORP has made, or is required or expected to make, any determination or representation:

- a). that the additional insured coverage afforded by the endorsement hereby applied for includes all legal liability imposed or assumed under any contract between the named insured under this policy, and any additional insured as to whom that endorsement may be issued; or
b). as to the scope, legal effect, or advantages or disadvantages of any contractual obligations, including those of indemnity set forth in any such contract.

Insured Signature (required): Title: Date:

Please check the desired Endorsement:

- CG 20 10 10 93 No Charge
CG 20 10 11 85\*

Additional Endorsements Needed:

- General Liability Waiver of Transfer Rights of Recovery (Waiver of Subrogation) No Charge
Designated Construction\* Project(s) General Aggregate Limit

\*Please Note: Charges will soon apply.