



727 SILVER SPUR ROAD, SUITE #200
ROLLING HILLS ESTATES, CA 90274

310-265-9600

FAX TO: CERT DEPT @ 310-265-9700

Certificate of Insurance Request Form

Your Name:

Which Policies do you need a certificate for?

(check all that apply)

- General Liab. Workers' Comp
 Automobile Other: _____

Certificate Holder Information

Company Name

Individual Name

Street Address

City, State, Zip

Check Here If You Are Listing Cert Holder as Additional Insured

Note: By checking the box you are REQUIRED by your insurance company to answer the questions listed below. All job descriptions MUST BE DETAILED or your submission request will not be accepted and will cause further delay on the issuance of your endorsement. If you do not check the box and give the information your request will not be granted, you will be issued a proof of insurance certificate only.

Additional Insured Endorsement Information

Job Location Address

Job Description

Job Name or Number

Total Cost of the Project (Estimated)

Job Site Street Address

Time Length of Project (Estimated)

Job Site City, State, Zip

Additional Insured Endorsements may cause **additional premium to your insurance policy, averaging \$25 - \$100 each. Adding an entity as Additional Insured is a change to the policy, and therefore may take several days to weeks to request from the insurer, depending upon which insurance program you have been placed with. To expedite certificates or endorsements, please attach any paperwork or requirements provided by the contractor. If you have any questions please contact your customer service representative.*