

Lemore Insurance Services Additional Insured Request Form

Agent Name: Fax to 818-827-1763 or email to certs@lemoreinsurance.com Insured Name: _____
Policy Number: Lemore Insurance Effective Date: _____

Original Request Today's Date: _____
 REVISED Request Date Needed: _____

*PLEASE NOTE: THE COMPLETED ENDORSEMENT(S) WILL BE FAXED OR EMAILED TO THE REQUESTING AGENT FOR DISTRIBUTION.

Certificate Holder Name and Address:

Check the item(s) that need to be issued on the certificate.

- PROOF OF INSURANCE ONLY
- ADDITIONAL INSURED – Owners, Lessees or Contractors
- ADDITIONAL INSURED – Managers or Lessors of Premises

*If the Managers or Lessors of Premises endorsement applies advise of the associated property address: _____

PLEASE ADVISE AS TO THE FOLLOWING:

- 1) What is the description of operations of the additional insured? _____
- 2) Is the Cert Holder a General Contractor or Developer? _____
- 3) Give the exact description of work the insured will be doing for the cert holder: _____

- 4) Is this Commercial or Residential work? _____
- 5) If it is Residential work, is the Insured working on any New Residential Homes, Tracts, Condos, Townhomes or Apartments? _____ # of Units? _____
- 6) Job Cost: _____ Job Duration: _____
- 7) Is it: Hourly Work? YES _____ NO _____
Contract Job? YES _____ NO _____ (If YES, Contract #) _____
- 8) Project Name/Type: _____ Location: _____
- 9) Is a Primary Wording Endorsement Required? YES _____ NO _____
- 10) Is a Waiver of Subrogation Endorsement Required? YES _____ NO _____

Please note the above information along with a copy of the certificate holder's original request and the certificate being issued is required before endorsements can be issued. **Please allow 24 to 48 hrs for processing**

Any questions regarding this form please do not hesitate to call