## AmCom Insurance Services ADDITIONAL INSURED REQUEST/CERTIFICATE OF INSURANCE

Applicant's Name:	Work Site Address:	
Mailing Address:		
	Contract #:	Job #:
DBA of Insured:		
Policy Number:		
Additional Insured:		
Address:		
Confirmed Attachment of Coverage will be furnished for any/all additional insured endorsements.		
Is there a contractual obligation to name the above additional insured? Yes \( \square\$ No \( \square\$		
If No, explain why AI Endorsement is needed		
Does the Additional Insured's Insurance cover this wo		s □ No □
If YES, Insurer Name/Policy #:		
Additional Insured's relationship to the Policyholder (check all that apply)		
☐ General Contractor ☐ Property Owner ☐ Retail Supplier		
☐ Public Entity/Permit ☐ Home Warranty Re	eferral	of Rented Premises
☐ Lender/Mortgagee ☐ Other:		
Multiple Project Locations? Yes \( \scale= \) No \( \scale= \) If yes, indicate territory, description of work, average job cost		
and expected frequency of jobs: Indicate if the job involves any <i>New Construction</i> on: Tract Homes Apartments		
□ Condominium/Town-Home □ Apartment/Loft/Condo Conversions (including Commercial Occupancy and		
· ·	work for any such build	er)
Describe the Facility/Occupancy:	· C	I d CD : /
Insured's Contract Cost: Total Pro	ject Cost:	Length of Project:
Length of the Insured's Job:S		
Will Insured Sub-Contract any work to others? Yes \( \square\) No \( \square\) If YES, type of work and % of total Job Cost:		
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Al Form/Interest Selection: Is Blanket Al Applicable Yes ☐ No ☐		
☐ CG 2005 Controlling Interest	☐ CG 2007 Engine	eers, Architects, or Surveyors
GG 2010 Contractors, Owners or Lessees		ger or Lessor of Premises
CG 2012 State or Political Subdivisions		agee, Assignee or Receiver
CG 2026 Designated Person or Organization	_	vners of Premises
<ul><li>☐ CG 2028 Lessor of Leased Equipment</li><li>☐ Waiver of Subrogation</li></ul>	☐ Primary Wording	r, Lessee or Contractors-Comp Ops
Other:		<del>]</del> 
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance		
containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto,		
commits a fraudulent insurance act, which is a crime. This request does not bind any of the parties to complete the transaction.		

Producer's Signature

Date

Applicant's Signature

## **Certificates of Insurance**

Certificates may be issued by the Producer on ACORD certificate forms only.

We welcome receipt of a copy of All Certificates, including an A.I. or not, but any Cert with an AI involved is Required to be copied to Amcom, to be retained with the policy file for the duration of the required regulatory record keeping standards by state.

Alterations to Standard ACORD Certificates are to be avoided, but may be necessary in some cases and when alterations are required the following guidelines are to be applied:

Clear all alterations with an Amcom Underwriter before dispersing the Certificate

'Additional Insured' or 'Waiver of Subrogation', or 'Primary' wording additions require reference to the correct form number or the Certificate will be voided.

Utility Companies or other entities requiring completion of their own certificate and/or their own endorsement form require prior approval of an Amcom underwriter, and Amcom will issue any such approved endorsements or certificates.

## **A.I. Endorsements**

Amcom will issue any/all Additional Insured Endorsements, based on the Certificate information and/or the AI Request form. Copies of the AI endorsement will be returned to the producer within 24 hours

All A.I.'s will be listed in the appropriate A.I. form, blanket and/or individual for policy record keeping accuracy.

Additional Insured Endorsements are available for the charge(s) shown below.

We require a description of the project, the estimated duration of the project, the work being performed by our insured, and the cost of the total project as well as the insured's job cost portion.

Homebuilders, Developers and Homeowner Associations are not eligible for Additional Insured coverage except where required for our contractor to gain access to do work for an individual unit owner.

Scheduled Additional Insured Endorsement Rates

CG2010 Scheduled Additional Insured \$25 charge per endorsement and Blanket Additional Insured \$100 charge per endorsement.

CG2037 Scheduled Additional Insured \$75 charge per endorsement and Blanket Additional Insured \$250 charge per endorsement.

Waiver of Subrogation endorsement \$25 charge per for scheduled endorsement and \$100 charge for blanket schedule.

## Per Project Aggregate

The Per Project Aggregate endorsement is available at a charge of 3% of the general liability premium charge.