



# Contractor Solutions

Insurance Agency, Inc.

Lic# 0F50099  
P.O. Box 3047 La Mesa, CA 91944  
Tel 619-741-5118 Fax 619-741-4971  
joan@CSIA-online.com

## CERTIFICATE REQUEST FORM

- Check One:  Certificate of Insurance  Additional Insured  
 Check One:  *Urgent!* Issue immediately  Issue Today

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information on the  
ADDITIONAL INSURED/CERTIFICATE HOLDER:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

- Additional Insured Endorsement* wording needed:
- Primary wording  Waiver of Subrogation  
 Per project aggregate  
 Additional cost may be associated with any of the above requirements

Required information for ADDITIONAL INSURED requests only:

Physical address of covered operations: \_\_\_\_\_

Specific job description: \_\_\_\_\_

Does this job involve construction of: (check all that apply)

- Tract Homes  Custom Homes  Condos  Townhouse  Apartments  
 Multi-unit Dwellings (If checked include number of units: \_\_\_\_\_)

- PLEASE**
- ✓ Make copies of this form for your files.
  - ✓ Attach a copy of contract or insurance requirements if available.
  - ✓ Fax requests to: CUSTOMER SERVICE @ (619) 741-4971.
  - ✓ Note that Certificates and Additional Insured Endorsements will not be issued until the policy has been bound and approved by the underwriter.

SIGNATURE OF INSURED (*REQUIRED*): \_\_\_\_\_