

Specialty Contractors Package

REQUEST FOR ADDITIONAL INSURED COVERAGE

For faster service, please fill out this form in its entirety. Fax to (805) 494-6778 or email to vmendoza@horizonsurplus.com

POLICYHOLDER INFO			
Policyholder Name:		Policy #	Policy Effective Date:
Lease or Project Start Date:		(If more than 30 days prior to our received date, a no loss letter is required)	
Is this a renewal of an additional insured already listed on an Arrowhead policy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ADDITIONAL INSURED #1 (GC's or multiple owners w/ same mailing address can be combined if using form LG CG 20 10 02 06)			
Additional Insured Name:			
Mailing Address:	City:	State:	Zip Code:
Additional Insured's Relationship to Policyholder (check all that apply):			
LG CG 2010: <input type="checkbox"/> General Contractor <input type="checkbox"/> Property Owner/Manager <input type="checkbox"/> Retail Supplier <input type="checkbox"/> Home Warranty Referral Firm <input type="checkbox"/> Public Entity CG 2011: <input type="checkbox"/> Landlord of Rented Premises CG 2012: <input type="checkbox"/> Permits CG 2018: <input type="checkbox"/> Lender /Mortgagee CG 2023: <input type="checkbox"/> Executor/Administrative Trustee CG 2028: <input type="checkbox"/> Equipment Leasing Co. CG 2029: <input type="checkbox"/> Franchisor CG 2037: <input type="checkbox"/> Completed Operations (Commercial Only)			
ADDITIONAL INSURED #2 (GC's or multiple owners w/ same mailing address can be combined if using form LG CG 20 10 02 06)			
Additional Insured Name:			
Mailing Address:	City:	State:	Zip Code:
Additional Insured's Relationship to Policyholder (check all that apply):			
LG CG 2010: <input type="checkbox"/> General Contractor <input type="checkbox"/> Property Owner/Manager <input type="checkbox"/> Retail Supplier <input type="checkbox"/> Home Warranty Referral Firm <input type="checkbox"/> Public Entity CG 2011: <input type="checkbox"/> Landlord of Rented Premises CG 2012: <input type="checkbox"/> Permits CG 2018: <input type="checkbox"/> Lender /Mortgagee CG 2023: <input type="checkbox"/> Executor/Administrative Trustee CG 2028: <input type="checkbox"/> Equipment Leasing Co. CG 2029: <input type="checkbox"/> Franchisor CG 2037: <input type="checkbox"/> Completed Operations (Commercial Only)			
PROJECT LOCATION ADDRESS			
Are there Multiple Project Locations? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, indicate: Average Job Cost:			
Expected Frequency of Jobs:		Territory:	(example: Solano County)
Specific location /Address of Project: (If only one specific project):			
Address:	City:	State:	Zip Code:
PROJECT INFO			
Indicate if the job involves any New Construction on: <input type="checkbox"/> Condominiums / Town homes <input type="checkbox"/> Tract Homes <input type="checkbox"/> Apartments <input type="checkbox"/> Apartment/Loft/Condo Conversions (including Commercial Occupancy and warranty repair work for any such builder)			
Is this request related to an OCIP/Wrap Project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Building Description/Type of Facility:		If Commercial, type of Occupancy:	
Describe type of work being performed for the Additional Insured:			
ADDITIONAL COVERAGE OPTIONS			
<input type="checkbox"/> CG 20 37 0704 -\$250 per entity/project for Commercial projects only		<input type="checkbox"/> CG 24 04 Waiver of Subrogation - \$250 for GC's; \$100 for all others	
<input type="checkbox"/> LGCG 060504 Primary Wording (all other AI forms) - \$35 each AI and project			
PRODUCER INFO			
Producer Name:		Agency Name:	
E-mail:	Phone:	Fax:	
FOR OFFICE USE ONLY - Check Applicable <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved <input type="checkbox"/>		UW:	Date:
<input type="checkbox"/> CG 20 11 <input type="checkbox"/> CG 20 12 <input type="checkbox"/> CG 20 18 <input type="checkbox"/> CG 20 23 <input type="checkbox"/> CG 20 28 <input type="checkbox"/> CG 20 29 <input type="checkbox"/> LG CG 20 10 02 06 <input type="checkbox"/> LG CG 06 05 04 \$35 x _____ <input type="checkbox"/> CG 20 37 \$250 x _____ <input type="checkbox"/> CG 24 04 (Waiver) Charge \$_____ per entity <input type="checkbox"/> Use Multiple Project Wording: "All projects except roofing, framing & foundation work as a sub-contractor, for this Additional Insured during this policy term."			

horizonsurplus.com

GROW
with us

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Horizon E & S Insurance Brokerage | CA License #0D58518

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