

Horizon E & S Ins. Brokerage  
875 S. Westlake Bl., #218  
Westlake Village, CA 91361  
Tel: 805-494-6553 Fax: 805-494-6778

Agent Name: Horizon Insurance Brokerage  
Inc Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

- Original Request  
 REVISED Request

Today's Date : \_\_\_\_\_  
Date Needed: \_\_\_\_\_

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

Certificate Holder Name and Address: _____ _____ _____
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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 holders original request are required before certificates and endorsements can be issued. \*\*Please allow 24 to 48 hrs for processing\*\*