

# CERTIFICATE HOLDER /ADDITIONAL INSURED/ LOSS PAYEE REQUEST

Please fax this form along with your payment (if applicable) to **949.707.1831**

**Insured Name** \_\_\_\_\_  
(Business Name)

**Add Following entity as a(an) : (check one of the below)**

- A) Additional Insured \_\_\_\_\_ (a fee may apply)  
B) Certificate Holder \_\_\_\_\_  
C) Loss Payee \_\_\_\_\_

**To following insurance policy(ies):**

General Liability	_____	Property	_____
Business Auto	_____	Inland Marine	_____
Workers Compensation	_____		

**Name of Additional Insured** \_\_\_\_\_  
\_\_\_\_\_

**Address of Additional Insured** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Location (address) of Project (if applicable)**  
\_\_\_\_\_  
\_\_\_\_\_

**Project Description (if applicable)**  
\_\_\_\_\_  
\_\_\_\_\_

**Work being performed for the Additional Insured (if applicable)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relationship** \_\_\_\_\_  
(Client, landlord, partner, franchise grantor, municipality, general cont. etc.)

**Your additional instructions (if applicable)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_