AmCom Insurance Services ADDITIONAL INSURED REQUEST/CERTIFICATE OF INSURANCE

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Applicant's Name:	Work Site Ad	Work Site Address:	
Mailing Address:			
Walling Address.			
	Contract #:		Job #:
DBA of Insured:			
Policy Number:			
Additional Insured:			
Address:			
	Coverage will be furnished for an		
Is there a contractual obligation to r			
If No, explain why AI Endorsement			
Does the Additional Insured's Insur	ance cover this work site?	Yes 🗌	No 🗌
If YES, Insurer Name/Policy #:			
Additional Insured's relationship to the Policyholder (check all that apply)			
\Box General Contractor \Box F	* · ·		
\Box Public Entity/Permit \Box H	☐ Home Warranty Referral ☐ Landlord 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 New			
□ Condominium/Town-Home □	Apartment/Loft/Condo Conversion Warranty Repair work for any suc		mmercial Occupancy and
Describe the Facility/Occupancy: _			
Insured's Contract Cost:	Total Project Cost:	Lengt	th of Project:
Length of the Insured's Job:			
Will Insured Sub-Contract any work to others? Yes \(\square\) No \(\square\) If YES, type of work and % of total Job Cost:			
		_	
Al Form/Interest Selection: Is Blanket Al Applicable Yes ☐ No ☐			
☐ CG 2005 Controlling Interest ☐ CG 2007 Engineers, Architects, or Surveyors			
☐ CG 2010 Contractors, Owners or Lessees* ☐ CG 2011 Manager or Lessor of Premises			
☐ CG 2012 State or Political Subdivisions ☐ CG 2018 Mortgagee, Assignee or Receiver			
☐ CG 2026 Designated Person or Organization ☐ CG 2027 Co-Owners of Premises			
☐ CG 2028 Lessor of Leased Equipment ☐ CG 2037* Owner, Lessee or Contractors-Comp Ops			
☐ Waiver of Subrogation☐ Other:	☐ Primary V	Vording	
(* AmCom Equivalent Forms AC 2010 &	: AC 2037)		
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.			
Applicant's Signature	Producer's Signature		Date

BASIC GUIDELINES

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 Al Request form. Copies of the Al 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

CG 2010 &/or CG 2037

\$100 Each, or 1% of the unmodified liability premium for Blanket, subject to a Minimum Charge of \$500 for Blanket.

All Others: \$100 Per A.I. Endorsement

The 07/04 Date of the CG 2010 or equivalent will be utilized for any significant Products & Completed Operations exposures

Per Project Aggregate

Only available on an individual basis, requires job description, duration (start/finish), total job cost, applicants portion of the job cost, job number and/or name when applicable. Cost is a percentage rate based on the job cost of applicant, \$100 minimum premium.