



PIKE INSURANCE SERVICES, INC.

ADDITIONAL INSURED REQUEST FORM

POLICY HOLDER INFORMATION

Business Name: _____
 Policy Number: _____ Contact _____
 Fax / Email: _____

CERTIFICATE HOLDER INFORMATION

Business Name : _____
 Business Address : _____
 Fax Number / Email: _____ Contact _____
 Project Address: _____

Type of Additional Insured Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Primary & Non-Contributory Wording |
| <input type="checkbox"/> CG2010 1185 / Equivalence | <input type="checkbox"/> Completed Ops. Endorsement | <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Other |

Date of Project: From: _____ To: _____

Project Cost: \$ _____

Description of Project / Work :

Please Indicate if this Project will involve any of the below listed items:

New Condos & Townhomes		Condo & Townhome - Repair Only		Schools		New Home Construction	
Remodeling		Commercial Work		Residential Work		Home Owner Association Work	

X _____ X

Employee Signature – Print Name and Title

Date

Fax Completed Form to (800)991-7453