



McFarland Commercial Insurance Services
 620 Azalea Ave 2nd Floor
 Redding, CA 96002
 CA License # 0F82062 • Phone: 877-917-5400 • Fax: 877-607-2324

ADDITIONAL INSURED CERTIFICATE REQUEST

Office Use Only

SOME CARRIERS CHARGE A FEE FOR ADDITIONAL INSURED

Insured Information (Your Company)

Company Name: _____

Contact: _____

Phone: _____ Fax: _____

E-Mail Address: _____ **(Optional)**

Additional Insured Information (Company to be added to your Insurance)

Company Name: _____

Contact: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-Mail Address: _____ **(Optional)**

What is the relationship to the Insured (**Owner, Contractor, Lender**) _____ ****REQUIRED****

Is there a Written Contract between the Insured and the Additional Insured? Yes No - Contract / Job# _____

Location of work to be performed: (Required Information)

Address: _____ City _____ State _____ Zip _____

Indicate if job involves any NEW CONSTRUCTION on: Tract Homes Apartments Condos/Town Houses

Is work at various locations? Yes No - What County is Work In _____, Job Duration _____

Approx Job cost (ea. Job) _____ Frequency of Jobs _____ Number of employees on job site _____

Is the work being performed at a Commercial or Residential Location? Commercial Residential

Waiver of Subrogation for General Liability? Yes No Waiver of Subrogation for Workman's Comp? Yes No

Is the work for a Warranty Company? Yes No - Is this Service & Repair work? Yes No - Project Start Date: _____

Specific Description of work being done (required). _____

THIS FORM MUST BE FILLED OUT COMPLETELY TO PROCESS

Signature

Date

Please fill out this form and fax it back to 1-877-607-2324

Revised 11/27/2012