



**Certificate of Insurance &  
Additional Insured Request**  
**ITEMS TYPED ON THIS FORM CAN BE SAVED**

[www.AnchorWestInsurance.com](http://www.AnchorWestInsurance.com)

(888) 388-5655 toll free | (888) 288-5486 fax  
CA Broker License #: 0G72981

**CLICK HERE TO SUBMIT FORM:**

Policyholder/Business Name: \_\_\_\_\_

Contact's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

**Full Name & Complete Mailing Address of the Certificate Holder (the party requesting the certificate)  
EXACTLY as you want it shown on the Proof of Insurance:**

Certificate Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Does the Certificate Holder require being listed as an ADDITIONAL INSURED?**  Yes  No

*Important: There is usually a charge for ADDITIONAL INSUREDS. NO CHARGE for certificate holder only.*

The Certificate Holder/Additional Insured is:  General Contractor  Retail Supplier

Home Warranty / Referral Firm  Lender Property Owner/Mgr  Public Entity/Permits

Landlord of Rented Premises  Other: \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE INCLUDED FOR ADDITIONAL INSUREDS.  
ADDITIONAL INSURED CERTIFICATES CANNOT BE ISSUED WITHOUT THIS INFORMATION:**

**SITE LOCATION INFORMATION (where you are doing the work):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approx Start Date of Job: \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected Finish Date of Job: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide a detailed explanation of the job you will be doing: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_ Percent of subcontracted work (if applicable): \_\_\_\_\_%

Type of work subcontracted? \_\_\_\_\_

Any special wording, requirements or instructions? \_\_\_\_\_

Please attach any insurance requirements or special wording requirements you have received from the company for review. There may be additional charges associated with meeting some requirements.

Certificates are automatically mailed to both the insured & the certificate holder.  
Please include any special delivery instructions here:

Fax to: (\_\_\_\_\_) \_\_\_\_\_ Mail to: \_\_\_\_\_

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