Athena Insurance and Financial Service's

ContractorInsurance.Net ***Serving the Construction Industry***

Date /Time

ADDITIONAL INSURED REQUEST FORM

Our Insured Contact Name (first named insured)	Company Name (Legal name as listed with the State licensing board)	
P.O Box or Street Number		e-mail
City	County	State
Zip Code	Telephone Number	Fax Number

Additional Insured Information area

Additional Insured Contact Name	Additional Insured Company Name	
Additional Insured PO Box or Street Number	Street Name (if not a PO Box)	email
Additional Insured mailing City	County (optional)	State
Zip Code	Additional Insured Telephone Number	Additional Insured fax number

Please select the entity type

◯ Homeowner	◯ Municipality	◯ Corporation	◯ Property Owner	◯ General Contractor

Project Information

Specific Job Location	
Specific Job Description/ name	
Estimated Cost	
Est. Start/ End Dates	

PLEASE CHECK ALL THAT APPLY / CHECK MARK INDICATES A "YES" RESPONSE

- ☐ Single Family Custom Home
- ☐ Tract Home < 10 in sub-division
- ☐ Tract Home > 10 in sub-division
- ☐ Tract Home between 11 to 50
- ☐ Tract Home greater than 50
- ☐ Acting a Sub-Contractor
- ☐ Acting as General Contractor
- ☐ Apartments or Condominiums
- ☐ Hiring licensed and Insured Subs
- ☐

Any Special Wording must be faxed or emailed for review and approval by the Insurance Carrier before issuance of Certificates. Approval and issuance can take up to 72 hours if approved. You can fax special request to (209) 223-3227 or email to steve@athenainsurance.com

Do you require waiver of subrogation?

We highly recommend that you e-mail or fax us a copy of the Additional Insured requirements prior to release of bids. You hereby agree to hold us harmless for any certificate request that cannot be issued or that adds to the cost of your insurance if your request cannot be completed or if it would cause an additional premium to issue. Call us for a more detailed explanation if you do not recall the instructions provided by your broker.

Signature _____