



Ck Specialty

Insurance Associates, Inc

16360 MONTEREY ROAD, SUITE 290 MORGAN HILL, CA 95037
PHONE (408) 779-8181 FAX (408) 778-2633

Please be advised: This request form does not automatically bind coverage for the additional insured. This request is subject to underwriting approval and no coverage exists until physically endorsed on to the policy.

ADDITIONAL INSURED QUESTIONNAIRE

Applicant name: _____

Policy Number: _____

A. General Information – To be completed for all requests

1. Name and address of Additional Insured: _____

2. What is the relationship of additional insured to the named insured? _____

3. Description of any equipment and its use: _____

B. Contracting Risks

4. Complete description of the work being performed: _____

5. Location of the job: Address: _____

City: _____ State: _____

6. Is the work new construction? Yes No 7. Service/Repair work? Yes No

8. This work is: Residential: Commercial: Industrial:

Please be advised, Ck Specialty will not endorse the (11/85) edition additional insured endorsement

The following may be added for an additional premium:

- Waiver of Subrogation
- Primary Insurance wording
- Non-contributory wording