

Commodore Insurance Services, Inc.
2000 Powell Street, Suite 1005
Emeryville, CA 94608

ADDITIONAL INSURED/CERTIFICATE QUESTIONNAIRE

Name Insured: _____ Policy Number: WUG _____
Phone Number: () _____ Fax Number: () _____

1.) Name, address and phone number of entity requesting Certificate or as Additional Insured:
DBA: _____
Street: _____
City/Street/Zip: _____ CA _____
Phone: () _____ Fax: () _____

2.) Is work to be done: (please mark)
New construction Yes No
Remodeling Yes No
Service/Repair Work Yes No

3.) If new construction or remodel, give full Job Address: _____

4.) Operations of entity requesting to be added: _____

5.) Explain the relationship between Named Insured and Additional Insured/Certificate Holder: _____

6.) Type of work to be done for Additional Insured/Certificate holder: _____

7.) Will the Named Insured be involved in new construction of any of the following?
Tract Homes Yes No _____
Condos Yes No _____
Apartments Yes No _____
Town homes Yes No _____

***DOES CERTIFICATE HOLDER NEED TO BE ADDED AS ADDITIONAL INSURED?
 YES NO If yes, please complete #'s 8 thru 16

8.) Is there a written contract between the Named Insured and the Additional Insured? Yes No

9.) Does the Additional Insured maintain primary insurance to cover the exposure at risk? Yes No

12.) Contract cost of the work to be done for the Additional Insured: \$ _____

13.) Number of field employees (please include owner as an employee) involved on this job for the Additional Insured? # _____

14.) Length of Job: _____ Anticipated Start Date: _____

15.) Type and % of work subbed out? _____

16.) Please provide % breakdown of sales from each of the following classes of business the job will entail:

Carpentry	_____ %	Maintenance	_____ %	Sewer	_____ %
Concrete	_____ %	Masonry	_____ %	Steel	_____ %
Drilling	_____ %	Mechanical	_____ %	Street/Road	_____ %
Electrical	_____ %	Painting	_____ %	Supervisory only	_____ %
Excavation	_____ %	Plastering	_____ %	Tunneling	_____ %
Gas Mains	_____ %	Plumbing	_____ %	Other	_____ %
Insulation	_____ %	Roofing	_____ %		

Insured's Signature and Date