

**Commercial Insurance - Certificate Holder /  
Additional Insured Questionnaire**

**ALLOW 1 BUSINESS DAY FOR A GENERAL CERTIFICATE AND 2 BUSINESS  
DAYS FOR A CERTIFICATE REQUIRING ENDORSEMENTS AND/OR WAIVERS**

1. Name and address of the certificate holder:

Contact Person:

2. Certificate Holder's Fax Number:

3. Certificate Holder's email address:

4. In addition to certificate holder, are there any other entities to be named in the certificate? Provide reason.

5. Nature of your relationship or type of work being performed with the requestor or the reason why the certificate holder should be named as additional insured? **Please specify the Insured's location address in relation to this certificate holder.**

6. Does the Certificate Holder require any Additional Insured Endorsements and/or Waivers of Subrogation?

7. Please list all specific wording required and provide a copy of the contract between You and the certificate holder and highlight the insurance section of the said contract.

8. Duration of the contract:

9-Please complete and fax this form and all supplemental paperwork to 213-637-1873 or email to: certificates@aeddy.com.

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