

PIKE INSURANCE SERVICES, INC.

3910 VISTA WAY, SUITE 107

OCEANSIDE, CA 92056

TEL: 800.411.7453 LIC. #0D40566 FAX: 800.991.7453

ADDITIONAL INSURED REQUEST

TO:	FROM:
Trish Shin	
COMPANY:	DATE:
Pike Insurance Services	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(800)991-7453	
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(800)411-7453	
RE:	YOUR REFERENCE NUMBER:
Additional Insured Request	

Please indicate the exact certificate type you are requesting:

Additional Insured _____ Certificate for Proof Only _____

INSURED INFORMATION

Name of Insured:

Phone Number:

Fax:

Contact Person:

Policy #:

ADDITIONAL INSURED INFORMATION

_____	_____		
Name of Person or Organization	Attention		
_____	_____	_____	_____
Address	City	State	Zip Code
* _____	* _____		
PROJECT NAME	PROJECT FAX NUMBER		
* _____	* _____	* _____	* _____
Project Address	City	State	Zip Code

DESCRIPTION OF WORK BEING PERFORMED

APPROXIMATE COST OF JOB BEING PERFORMED: \$ _____

Please attach a copy of request if available

NOTES:

*** COMPLETION OF THESE ITEMS ARE NECESSARY TO PROCESS REQUEST**