

# CONTRACTORS INSURANCE REQUEST FORM



**CHOICE Insurance, LLC**  
 — THE RIGHT CHOICE —

**Choice Insurance, LLC**  
 1715 Market St Ste 100 Kirkland, WA  
 98033

**Office: 425-739-6565 Toll free: 800-289-8003**  
**Fax: 425-739-9955**  
**Email: Service@choiceinsurance.net**

**Please complete form and return by Fax or Email.**

SUBCONTRACTOR: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY TERM FROM: \_\_\_\_\_ TO: \_\_\_\_\_

The ACORD Certificate of Liability does not provide information to us as to policy restrictions, exclusions or limitations in coverage, which may cause a material breach under your contract agreement. **Please have your insurance agent/broker complete and sign this form and send it with a copy of your ACORD Certificate and the following endorsements: Additional Insured On-going, Additional Insured Completed Operations, Primary & Noncontributory, Waiver of Subrogation and Per Project Endorsement.**  
 Coverage is deemed to be provided if it is not excluded on this form.

**COMMERCIAL GENERAL LIABILITY:**

Coverage does include:	YES	NO
Per Project Aggregate Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Products/Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>
Krekow Jennings, Inc is included as an Additional Insured as respects to completed operations per attached <b>CG2037</b> endorsement or its equivalent. (Please attach copy of endorsement)	<input type="checkbox"/>	<input type="checkbox"/>
Primary and Non Contributory Wording	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>
Defense Costs outside of policy limits	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the Policy exclude coverage for the following?</b>		
Mold	<input type="checkbox"/>	<input type="checkbox"/>
Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
Punitive Damages	<input type="checkbox"/>	<input type="checkbox"/>
Water Intrusion	<input type="checkbox"/>	<input type="checkbox"/>
Single Family Residential Work - Attach Copy	<input type="checkbox"/>	<input type="checkbox"/>
Condominium Work - Attach Copy	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other extraordinary exclusions that are included on your General Liability policy that restrict coverage beyond the standard ISO CGL Form.	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 Signature of Insurance Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Company