

Request for form CG2037 & CG2010
Products/Completed Operations Coverage

Additional Insured Questionnaire

1. Details of job generating "Request for Completed Operations Additional Insured":

2. Name of party requesting Additional Insured coverage and relationship with named insured:

3. Description of specific type of work being performed by the named insured:

4. Duration of job, Beginning date: _____
Ending date: _____
5. Cost of Job:

6. Payroll of Job by Class Code:

7. Location of Job:

Carriers may charge 10% of job payroll w/ a \$250 minimum

Please attach a complete copy of the contractual/hold harmless agreement, not just the "Insurance Requirements" sections

Fax or email this document to The Jacobs Company, Inc.
Fax # (301) 621-3043 or (410) 381-2105
www.jacobscompany.com