

**RUTGERS CASUALTY  
INSURANCE COMPANY**

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**CERTIFICATE OF INSURANCE**  
On Contractor Policies

Information required for review:

Name of Additional Insured:

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Mailing Address:

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Job Site Location:

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Complete Description of Job Being Done:

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Starting Date: \_\_\_\_\_

Estimated Job Duration: \_\_\_\_\_

Job Cost: \_\_\_\_\_

Additional Insured relationship to job being performed: (i.e., Owner, Managing General Agent, Lessor, General Contractor, Architect, Etc.)

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Any Sub-Contractor Exposure (if so, provide details):

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If Additional Insured is required for permit, what type of permit:

For License \_\_\_\_\_

For Specific Job \_\_\_\_\_

Rutgers Casualty Insurance Company uses the information on this application as the basis for acceptability of risk. Failure to complete and sign this application will prevent us from accepting this request.

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Applicant's Signature & Date Signed

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Producer's Signature & Date Signed