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NOTE: THIS QUESTIONNAIRE MUST BE COMPLETED AND ATTACHED TO CERTIFICATE OF INSURANCE AND POLICY ENDORSEMENT.

Insurance Coverage Questionnaire

For: _____
 (Name of Insured)

Project Number: _____

Project Owner: _____

Are the following coverages &/or conditions in effect?

	YES	NO
The Policy form is ISO Commercial General Liability (CGL) form CG 00 01 of CG 00 02 (circle one). If NO, attach a copy of the policy with required coverages clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>
(CGL) Ongoing Operations coverage (similar to CG 20 10 10 01, CG 20 10 07 04, or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
(CGL) Products and Completed operations coverage (Similar to CG 20 37 07 04, CG 20 37 07 04, or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury Liability Coverage (with employee exclusion deleted)	<input type="checkbox"/>	<input type="checkbox"/>
Broad Form Property Damage with X, C, U Hazards included	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual Liability coverage applying to this contract	<input type="checkbox"/>	<input type="checkbox"/>
Employers Liability - Stop Gap	<input type="checkbox"/>	<input type="checkbox"/>

Deductibles or SIRs: GL _____ AL _____ Excess _____

Insurer' Best Rating GL _____ AL _____ Excess _____

This Questionnaire is issued as a matter of information. This questionnaire is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies indicated on the attached Certificate of Insurance.

 Agency/Broker

 Completed by (type)

 Address

 Completed by (Signature)

 Name of Person to Contact

 Telephone Number