XS BROKERS
INSURANCE AGENCY, INC.
PRIMARY / EXCESS AND SURPLUS LINES BROKERS
21 McGrath Highway, Suite 505
Post Office Box 690355
Quincy, Massachusetts 02269
Ph: 617.471.7171 Fax: 617.471.7180
www.xsbrokers.com

SUBMISSION CHECKLIST

GENERAL LIABILITY

Provide information for all that apply:

- ☐ Explanation of Multiple Named Insureds
- ☐ Explanation of Additional Insureds and what their interest is
- ☐ Effective Date
- ☐ Detailed description of operation for each Named Insured
- ☐ Prior Carrier, if any or known

- ☐ Gross Sales
- ☐ Payroll by Class
- ☐ Cost of Subcontractors, if any
- ☐ Are Certificates of Insurance collected from all subcontractors
- ☐ Is insured named as Additional Insured on Subcontractors Certificates

If Lessors Risk:

- ☐ Number of Stories
- ☐ Number of Units, if any
- ☐ Total Area
- ☐ Occupants of building
- ☐ Protection/Life Safety Devices
  - Burglar Alarm Local or Central Station
  - Premise Fire Protection Local or Central Station
  - Sprinklered: Wet or Dry
  - Smoke Detectors in Each Unit

- ☐ Loss History must be CHECKED OFF ON APPLICATION with Specific Details, amount paid, date of loss, etc… or CHECK NONE IF APPLICABLE – 5 Years worth.