



INSURANCE AGENCY, INC.
PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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SUBMISSION CHECKLIST

PROPERTY

- Explanation of Multiple Named Insureds
- Effective Date
- Detailed description of operation for each Named Insured

- Year of Building
- Construction Type
- Building Improvements / Updates to all Utilities:
 - Wiring:
 - Roofing:
 - Plumbing:
 - Heating:
 - Other:

- Limits Desired
- Coinsurance Desired
- Deductible Desired
- Occupancy of Building
- Exposures to Right, Left and Rear
- Protection Class
- Number of Stories
- Gross Area
- Protection Devices
 - Burglar Alarm Local or Central Station
 - Premise Fire Protection Local or Central Station
 - Sprinklered: Wet or Dry

- Prior Carrier, if any or known.

- 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.

- Inspection contact name and phone number should be provided