



Commercial Property Insurance Checklist

1. Business Information

- ☐ Business Name
 - ☐ Contact Name & Title
 - ☐ Phone Number
 - ☐ Email Address
 - ☐ Mailing Address
 - ☐ Entity Type (LLC, Corp, Sole Proprietor, etc.)
 - ☐ Years in Business
 - ☐ Description of Business Operations
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2. Property Location(s)

- ☐ Physical Address(es) of Property
 - ☐ Number of Buildings at Location
 - ☐ Occupancy Type (Owner-occupied / Tenant-occupied / Mixed-use)
 - ☐ Percentage of Building Occupied by Insured
 - ☐ Any Vacant Space? ☐ Yes ☐ No — If yes, % vacant: _____
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3. Building Details

- ☐ Year Built
- ☐ Total Square Footage
- ☐ Number of Stories
- ☐ Construction Type (Frame, Masonry, Non-Combustible, Fire Resistive, etc.)
- ☐ Roof Type & Year Last Replaced
- ☐ Electrical System (Updated? ☐ Yes ☐ No — Year: _____)
- ☐ Plumbing Type & Last Update



- ☐ HVAC Type & Last Update
 - ☐ Fire Alarm System? ☐ Yes ☐ No
 - ☐ Sprinkler System? ☐ Yes ☐ No
 - ☐ Central Station Monitoring? ☐ Yes ☐ No
 - ☐ Security System? ☐ Yes ☐ No
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4. Property Values

- ☐ Building Replacement Cost (not market value)
 - ☐ Business Personal Property Value (equipment, inventory, furnishings, etc.)
 - ☐ Loss of Income/Business Interruption Limit (if applicable)
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5. Tenants & Occupants (if applicable)

- ☐ Number of Tenants
 - ☐ Type of Tenants (Retail, Office, Restaurant, Medical, etc.)
 - ☐ Any tenants handling hazardous materials? ☐ Yes ☐ No
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6. Coverage & Deductibles

- ☐ Requested Building Coverage Limit
 - ☐ Requested Contents/Business Property Limit
 - ☐ Business Interruption Coverage ☐ Yes ☐ No
 - ☐ Equipment Breakdown Coverage ☐ Yes ☐ No
 - ☐ Ordinance or Law Coverage ☐ Yes ☐ No
 - ☐ Flood or Earthquake Coverage Needed? ☐ Yes ☐ No
 - ☐ Requested Deductible: \$_____
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7. Loss History

☐ Any property losses in the past 5 years? ☐ Yes ☐ No

If yes, please list:

- Date: _____ Description: _____ Paid Amount: \$ _____
- Date: _____ Description: _____ Paid Amount: \$ _____

8. Additional Information

☐ Mortgagee / Lender Name & Address

☐ Certificate Holders Needed? ☐ Yes ☐ No

☐ Additional Insureds? ☐ Yes ☐ No – If yes, list names and relationship:

☐ Desired Effective Date of Coverage: _____