

Please send to [isi@metlife.com](mailto:isi@metlife.com)

# **ISI Small Commercial Business Owners Policy Check List**

1. Named insured:
2. Phone number:
3. Address:
4. FEIN:
5. Any losses in past 5 years:   No           Yes  
  
    If yes, please list date, amount and claim type:
6. Contact person:
7. Number of employees:
8. Annual sales:
9. Year became operational:
10. Any sales online:
11. Years of experience in work field:
12. Any hazardous occupancies near building:
13. Limits of liability:
14. Physical address if different than mailing for all buildings:
15. Do you own or rent the space:   Own           Rent
16. Do you have:   Central Fire Alarm      Central Burglar Alarm      Sprinklers
17. If you own, how much building coverage is needed:
18. How much coverage for business personal property:
19. Square footage:

20. Any endorsements: