

PROPERTY/BUILDING INSURANCE REQUEST FORM

1. Contact Information:

Person to Contact: _____

Phone #: _____

Address: _____

2. Owned Location:

Building/Property Name: _____

Address: _____

3. Leased Location:

(please attach copy of lease agreement)

Building/Property Name: _____

Address: _____

Lessor: _____

Dates of Lease: _____

Square Footage: _____

4. Dept. Billing Code: _____

RETURN COMPLETED FORM TO:
RMAS – Insurance Department
1033 Massachusetts Avenue – Suite 360
Cambridge, MA 02138
Tel: (617) 493-8635 – Fax: (617) 496-0505

