



# NEW ENGLAND

PROPERTY AND REAL ESTATE  
MANAGEMENT LLC

## INSURANCE INFORMATION FORM

### How to Return the Completed Form

You may return the completed form by either of the following methods:

**Mail to:**

*New England Property and Real Estate Management LLC  
PO BOX 731  
Boston, MA 02128*

**Email to:**

*Docs@Neprem.com*

Property Name:		Unit Number:	
Owner Name:		Date:	
<b>1. INSURANCE PROVIDER INFORMATION</b>			
Insurance Company Name:		Agent/Broker Name:	
Agent/Broker Phone:		Agent/Broker Email:	
<b>2. POLICY DETAILS</b>			
Policy Number:		Policy Type: <input type="checkbox"/> HO-6 (Condo) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Homeowners <input type="checkbox"/> Commercial Liability	
Coverage Start Date:	Coverage End Date:	Liability Coverage Amount: \$	Deductible Amount: \$
<b>3. ADDITIONAL INSURED (If applicable – for mortgage companies or other parties.)</b>			
Additional Insured Name:		Mailing Address:	
<b>4. CERTIFICATE SUBMISSION</b>			
Please attach or email your Certificate of Insurance to: <b>Mail to:</b> PO Box 731, Boston, MA 02128 or <b>Email to:</b> Docs@Neprem.com			
Name of person filling out this form:			