



REQUEST FOR JURISDICTIONAL INSPECTION

Fax: 877-764-9535

Email: Boilinsp@Travelers.com

Phone: 800-425-4119

Named Insured (Company Name): _____

Policy Number (if known): _____

*Locations to Be Inspected:

City

State

Zip Code

*Person to contact for scheduling inspection: _____

*Contact Phone and/or E-mail: _____

Equipment Type	Certificate Number	Certificate Expiration Date

Completed By: _____ Phone Number: _____