COMPARER MES ASSURANCES

Prepare your business insurance file

Business name: _____
Contact person: _____
Specific description of activities:

_____

_____
Activity locations and areas served: _____
Premises (occupied, leased, owned): _____
Equipment and merchandise: _____
Vehicles and business uses: _____
Staffing and subcontracting: _____
Revenue and reference period, if requested:

_____
Specific work, services or activities to describe:

_____
Insurance requirements received from clients or landlords:

_____
Current contracts and history requested by the representative:

_____

[ ] Information checked before transmission
[ ] Documents gathered for the appointment
[ ] Questions about missing items prepared
This worksheet is not an insurance application and does not determine the coverage needed.

Inventory of professional tools

Date updated: _____
Business / equipment owner: _____

EQUIPMENT WORKSHEET - TO DUPLICATE

Tool or equipment: _____
Brand and model: _____
Serial number: _____
Owner (you, business, rental company): _____
Purchase date / rental start date: _____
Price paid or rental agreement reference: _____
Usual storage location: _____
Other locations of use: _____
Related accessories: _____
Receipt reference: _____
Photo file names: _____
Notes: _____
_____

[ ] Supporting documents kept
[ ] Inventory backed up
[ ] Changes to discuss with the representative noted
This record is neither a professional valuation nor proof of coverage.

Request a certificate of insurance

Subject: Request for a certificate of insurance

Hello,

For [reason for the request], I need a certificate relating to my policy [reference].

Document recipient: [name or organization]
Period concerned: [dates]
Requested receipt date: [date]
Requirements received from the recipient: [attach or describe accurately]

Could you check what can be certified and send me the appropriate document? If a request exceeds the current coverage or requires a change, please let me know before taking any steps.

This request does not by itself authorize a change to my policy.

Sincerely,
[Name]
[Date]

This template is a request: it is not a certificate of insurance.

Claim follow-up journal

File reference: _____
Date of the event: _____
Person responsible for the file: _____
Official contact details verified: _____

COMMUNICATION OR STEP - TO DUPLICATE

Date and time: _____
Contact person and role: _____
Telephone / email / other channel: _____
Subject discussed: _____
_____
Answer received or step requested: _____
_____
Document sent and transmission method: _____
Acknowledgement of receipt kept: _____
Next action and agreed date: _____

EXPENSE TO DOCUMENT

Date, description, amount and receipt reference:
_____
Confirmation that the expense is covered, if applicable:
_____
Recording an expense here does not guarantee reimbursement.