

OFFICE USE ONLY

Inspector: _____
District: _____
Location No. _____

Insurance First Time Inspection Request



Office of the State Fire Marshal
Division of Boiler and Pressure Vessel Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
Phone: 217-782-2696
Fax: 217-785-4184



Email: scarlett.madison@illinois.gov

Date of Request: _____

Request made by: _____

Inspector's Phone #: _____

Insurance Company of Record: _____

Owner Name: _____

Owner Address: _____

Owner City/State: _____

LOCATION #: _____

Object Location: _____

Object Address: _____

Object City: _____

Contact Name at Location: _____

Contact Phone at Location: _____

Invoice Email address: _____

Manufacture: _____

Type/Use: _____

NB#: _____ Serial #: _____

Specific Location of new object _____

Installation Date: _____

Note: Please submit this completed form with all required information by fax, email or phone to request an inspection. Do not submit this form requesting an inspection until the object has been installed. Once the inspection is completed, this form will be sent to the submitting insurance company.

State Number: _____

Date Inspected: _____

Certificate May Be Issued? Yes No