Commercial Lines Coverage Checklist

Name _____ Address _____

Home phone _____ Office phone _____

Contact _____ Today's date _____

☐ Package   ☐ Monoline | Location 1. _____ | ☐ Building ☐ Contents

1 = Coverage recommended | Location 2. _____ | ☐ Building ☐ Contents

2 = Coverage rejected by insured | Location 3. _____ | ☐ Building ☐ Contents

1	2	Property	1	2	Property cont'd.
		BS = Basic Form **BR** = Broad Form **SP** = Special	☐	☐	**Time Element** *Specify Locations/Blanket*
☐	☐	Blanket _____ :$	☐	☐	Business Income & Extra Expense $_____
☐	☐	**Buildings:** 1. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Business Income Without E.E. $_____
☐	☐	2. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Extra Expenses $_____
☐	☐	3. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Rental Value $_____
☐	☐	Causes Exclusion:_____	☐	☐	Dependent Property $_____
☐	☐	Additional Covered Property, 14 10	☐	☐	Tuition Fees $_____
☐	☐	Additional Building Property, 14 15	☐	☐	Leasehold Interest $_____
☐	☐	Additional Property Not Covered, 14 20	☐	☐	Maximum Period of Indemnity Option
☐	☐	Replacement Cost Option	☐	☐	Monthly Limitation:_____
☐	☐	Agreed Value Option	☐	☐	Agreed Value Option
☐	☐	Inflation Guard _____%	☐	☐	Extended Period of Indemnity:_____
☐	☐	Multiple Deductible, 03 20 $_____	☐	☐	Ordinary Payroll, 15 10:_____
☐	☐	Debris Removal—Limit, 04 15 $_____	☐	☐	Power, Heat, Ref. Deduction, 15 11:_____
☐	☐	Newly Acquired—Limit, 04 25 $_____	☐	☐	Electronic Media, 15 19:_____
☐	☐	Functional Bldg. Valuation, 04 39	☐	☐	Ordinance or Law, 15 31
☐	☐	Ordinance or Law Coverage, 04 05	☐	☐	Off. Premises Services, 15 45
☐	☐	Condominium Association, 00 17	☐	☐	_____
☐	☐	Condo Unit-Owner, 00 18			
☐	☐	Condo Unit-Owners Optional, 04 18			**General Liability**
☐	☐	Legal Liability Coverage, 00 40	☐	☐	Occurrence $_____
☐	☐	Builders' Risk, 00 20	☐	☐	General Aggregate $_____
☐	☐	Outdoor Signs, 14 40 $_____	☐	☐	Products Aggregate $_____
☐	☐	**Glass Insurance, 00 16**	☐	☐	Fire Damage Limit $_____
☐	☐	Deductible $_____	☐	☐	Per Project/Premises Aggregate, 25 03, 25 04
☐	☐	**Personal Property:**	☐	☐	Seperate project/premises limit, 25 01
☐	☐	1. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Employment Practices Exclusion, 21 47
☐	☐	2. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Exclude Products, 21 04
☐	☐	3. ☐ BS ☐ BR ☐ SP $_____	☐	☐	Exclude, x, c, u, 21 42, 21 43
☐	☐	Property of Others (1.c.) $_____	☐	☐	Exclude Professional
☐	☐	Leased Property, 14 60 $_____	☐	☐	Exclude Intercompany products, 21 41
☐	☐	Separation of Coverage, 19 10	☐	☐	Exclude:_____
☐	☐	Causes Exclusions:_____	☐	☐	Additional Insured:_____
☐	☐	Multiple Deductible, 03 20 $_____	☐	☐	Liquor Liability, 24 08 *Deletes exclusion*
☐	☐	Replacement Cost Option	☐	☐	Products Redefined, 24 07
☐	☐	Agreed Value Option	☐	☐	Personal Injury Contractual, 22 74
☐	☐	Market Value–Stock, 99 31	☐	☐	Waiver of Subrogation, 24 04
☐	☐	Mfg. Consequential Loss, 99 02	☐	☐	Employee Benefits Liability
☐	☐	Mfg. Selling Price, 99 30	☐	☐	
☐	☐	Functional Valuation, 04 39			**Inland Marine**
☐	☐	Reporting Form, 13 10			
☐	☐	Peak Season, 12 30 _____ :$	☐	☐	Signs, 00 28 $_____
☐	☐	Off Premises Power Failure, 04 17 $_____	☐	☐	Valuable Papers, 00 67 $_____
☐	☐	☐ Incl. Transmission Lines	☐	☐	Accts. Receivable, 00 66 $_____
☐	☐	Spoilage Coverage, 04 40	☐	☐	Cameras/Musical (00 21) $_____

Inland Marine cont'd.

1	2		
☐	☐	Phys. & Surg. Equip., 00 26	$_____
☐	☐	Fine Arts	$_____
☐	☐	Equipment Floater	$_____
☐	☐	Installation Floater	$_____
☐	☐	Builders' Risk	$_____
☐	☐	Bailee Liability	$_____
☐	☐	Motor Truck Cargo	$_____
☐	☐	Installment Sales	$_____
☐	☐	Patterns, Dies, Molds	$_____
☐	☐	Mail	$_____
☐	☐	Replacement Cost	
☐	☐	Additionally Covered Property	
☐	☐	Reporting	
☐	☐	_____	

Crime

1	2		
☐	☐	A. Employee Dishonesty	$_____
☐	☐	B. Forgery/Alteration	$_____
☐	☐	C. M&S Inside	$_____
☐	☐	M&S Outside	$_____
☐	☐	D. Robbery	$_____
☐	☐	Safe Burglary	$_____
☐	☐	E. Premises Burglary	$_____
☐	☐	H. Premises Theft	$_____
☐	☐	Robbery	$_____
☐	☐	I. Robbery Safe Burglary Form Q	

Boiler & Machinery

1	2		
☐	☐	$_____	
☐	☐	Object Form	
☐	☐	☐ Including Production, 00 31	
☐	☐	☐ Excluding Production, 00 30	
☐	☐	Small Business B&M	
☐	☐	Small Business–Broad Form	
☐	☐	Spoilage	$_____
☐	☐	Business Interruption	$_____
☐	☐	☐ Actual Loss Sustained	
☐	☐	☐ Valued Forms	
☐	☐	Extra Expense	$_____
☐	☐	Explosion Elimination	
☐	☐	Deductible	$_____

Business Auto

1	2		
☐	☐	Liability ☐ Hired/Nonowned Only	$_____
☐	☐	Med Pay/PIP	$_____
☐	☐	UM/UIM	$_____
☐	☐	Other Than Collision deductible	$_____
☐	☐	Specified Causes	
☐	☐	Collision deductible	$_____
☐	☐	Individual Named Insured, 99 17:_____	
☐	☐	Additional Insured–Lessor, 20 01	
☐	☐	Additional Insured:_____	
☐	☐	Employees as Insureds, 99 33	
☐	☐	Drive Other Car, 99 10:_____	
☐	☐	Garagekeepers, 99 37	
☐	☐	Hired Car Physical Damage	
☐	☐	Sound Receiving/Trans. Equipment/Stereos, 99 08	
☐	☐	Tapes & Records, 99 30	
☐	☐	Rental Reimbursement, 99 23A	

Business Auto cont'd.

1	2		
☐	☐	Towing & Labor	
☐	☐	TxDOT Filing	
☐	☐	Mexico Coverage Limited, 04 07	
☐	☐	_____	

Workers' Compensation

1	2		
☐	☐	Employers' Liability	$_____
☐	☐	Other States:_____	
☐	☐	Monopolistic State Operations	
☐	☐	☐ Stopgap Coverage (Employer's Liability)	
☐	☐	Foreign Operations	
☐	☐	USL&HW	
☐	☐	Maritime	
☐	☐	Voluntary Compensation	
☐	☐	Sole Proprietor, Officers, Partners Coverage	
☐	☐	Waiver of Subrogation	
☐	☐	Alternate Employer	
☐	☐	Notice of Material Change Endorsement	
☐	☐	_____	

Electronic Equipment Protection

1	2		
☐	☐	Hardware $_____ Media $_____	
☐	☐	Business Interruption	$_____
☐	☐	Extra Expenses	$_____
☐	☐	Mechanical Breakdown	
☐	☐	Electrical Injury	
☐	☐	Automatic Extinguisher	
☐	☐	Interruption of Power Off Premises	
☐	☐	_____	

Miscellaneous

1	2		
☐	☐	Umbrella Liability	$_____
☐	☐	Professional Liability	
☐	☐	Flood	
☐	☐	Earthquake	
☐	☐	Difference in Conditions	
☐	☐	Directors & Officers Liability	
☐	☐	Watercraft	
☐	☐	Aircraft	
☐	☐	Fiduciary Liability ☐ Incl. Employee Benefit Mgmt.	
☐	☐	Employment Practices Liability	
☐	☐	Environmental Impairment Liability	
☐	☐	Foreign Products/Operations	
☐	☐	Discontinued Products/Operations	
☐	☐	Bonds	
☐	☐	Life	
☐	☐	Health	
☐	☐	Disability Income	
☐	☐	_____	

The recommended coverages have been discussed with me, and I agree to reject the coverages indicated:

✗ _____