

Personal Lines Coverage Checklist

Name _____ Address _____

Home phone () - Office phone () -

Revised by _____ Today's date / /

1 = Coverage recommended 2 = Coverage rejected by insured

1	2	Primary Residence	1	2	Secondary Residence
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Rented to Others
<input type="checkbox"/>	<input type="checkbox"/>	HO Form _____	<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	Deductible: 1. \$ _____ 2. \$ _____ 3. \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	HO Form: Complete separate checklist _____
<input type="checkbox"/>	<input type="checkbox"/>	Coverage A. Dwelling \$ _____			Dwelling Fire Policy
<input type="checkbox"/>	<input type="checkbox"/>	Other Structures \$ _____			Dwelling Policy Form: ____ deductible \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Coverage B. Personal Property \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Coverage C. Personal Liability \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Coverage D. Medical Payments \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Liability and Medical Payments Added to Homeowners
		Property Options	<input type="checkbox"/>	<input type="checkbox"/>	Loss of rents TDP-017 (Form 1) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost for Personal Property 101	<input type="checkbox"/>	<input type="checkbox"/>	TDP-018 (Form 2) \$ _____ /mo.
<input type="checkbox"/>	<input type="checkbox"/>	Agreed Amount on Dwellings 102	<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost-Personal Property TDP-002
<input type="checkbox"/>	<input type="checkbox"/>	Residence Glass Coverage 105	<input type="checkbox"/>	<input type="checkbox"/>	Vacancy Permit TDP-001
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Jewelry/Furs 110 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Windstorm exclusion TDP-001
<input type="checkbox"/>	<input type="checkbox"/>	Increase Business Per. Prop. 111 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Residence Glass TDP-009
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Money/Bankcards 112 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Property Schedule TDP-012: _____
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Bullion/ Val. Pap. 113 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	TV and Radio Antenna 120 \$ _____			Farm & Ranch/FRO
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Coverage Greenhouse 121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental Dwelling
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Coverage Cloth Awning 122	<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	Increased Cost & Bldg. Laws <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25%	<input type="checkbox"/>	<input type="checkbox"/>	TFR Form: _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Computer Coverage 126 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	A. Dwelling \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$250 Theft Deductible 130	<input type="checkbox"/>	<input type="checkbox"/>	B. Pers. Property \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Wind, Hurricane & Hail Exclusion 140	<input type="checkbox"/>	<input type="checkbox"/>	C. Farm Bldgs _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Exclusion, Residential Community Property 142	<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Personal Property 160 <input type="checkbox"/> Incl. Breakage	<input type="checkbox"/>	<input type="checkbox"/>	D. Farm Property _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Prop. Sched. 062 _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Extended Coverage 170	<input type="checkbox"/>	<input type="checkbox"/>	FRO Form: _____
<input type="checkbox"/>	<input type="checkbox"/>	Condo Outbuilding Coverage 180 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	A. Dwelling \$ _____
		Liability Options	<input type="checkbox"/>	<input type="checkbox"/>	Other Structures _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Coverage 201 <input type="checkbox"/> Employment Claims	<input type="checkbox"/>	<input type="checkbox"/>	B. Personal Property \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Office, Private School, Studio 205	<input type="checkbox"/>	<input type="checkbox"/>	C. Personal Liability \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Farmers Personal Liability 210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employees Included
<input type="checkbox"/>	<input type="checkbox"/>	Watercraft Liability 215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Custom Farming
<input type="checkbox"/>	<input type="checkbox"/>	Business Pursuits Liability 220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Animal Collision
<input type="checkbox"/>	<input type="checkbox"/>	Additional Premises Liability 225	<input type="checkbox"/>	<input type="checkbox"/>	D. Med. Payments \$ _____
		Other Options	<input type="checkbox"/>	<input type="checkbox"/>	Sched. Prop. 459 _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured 301 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Amend Definition Res. Prem. 305 _____ days	<input type="checkbox"/>	<input type="checkbox"/>	Common Endorsements
<input type="checkbox"/>	<input type="checkbox"/>	B CON Rental to Others 380	<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Exclusion 440, 051
<input type="checkbox"/>	<input type="checkbox"/>	C CON Rental to Others 381	<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost Pers. Prop. 401, 052
<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment 382, 310, 315 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Agreed Amount 402, 058
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Residence Glass 405, 059
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Agricultural Machinery & Equipment 071
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Farm & Ranch/FRO cont'd.		Flood			
<input type="checkbox"/>	<input type="checkbox"/>	TFR Endorsements	<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Farm Property 077	<input type="checkbox"/>	<input type="checkbox"/>	Building \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Named Insurance 057	<input type="checkbox"/>	<input type="checkbox"/>	Contents \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Loss Payable Clause 060	Watercraft/Aircraft		
<input type="checkbox"/>	<input type="checkbox"/>	Vacancy Clause 061	<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Replacement of Farm Building 063	<input type="checkbox"/>	<input type="checkbox"/>	Liability \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Fair Rental Value 067, 068 \$ _____ / \$ _____ mo.	<input type="checkbox"/>	<input type="checkbox"/>	Passengers \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Damage by Weight of Ice 069	<input type="checkbox"/>	<input type="checkbox"/>	Med Pay \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Optional Deductible 070	<input type="checkbox"/>	<input type="checkbox"/>	Physical Damage \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Deductible 074 \$ _____	Miscellaneous		
<input type="checkbox"/>	<input type="checkbox"/>	FRO Endorsements	<input type="checkbox"/>	<input type="checkbox"/>	Umbrella \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Residential Premises 481	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	<input type="checkbox"/>	Increased Limits on:	<input type="checkbox"/>	<input type="checkbox"/>	Inland Marine:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jewelry 410 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	1. _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Business Personal Property 411	<input type="checkbox"/>	<input type="checkbox"/>	2. _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Money 412 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	3. _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TV & Radio Antenna 420	<input type="checkbox"/>	<input type="checkbox"/>	4. _____ : \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Computer 426	Describe Other Coverages		
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Personal Property 460 _____ : \$ _____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Additional EC (Form A) 470	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Optional "All Risks" 480	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Liability 501	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Office, Private School, Studio 505	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Watercraft Liability 515	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Business Pursuits 520	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Premises 525	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured 601: _____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Personal Automobiles					
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / ____ / ____			
<input type="checkbox"/>	<input type="checkbox"/>	Liability; UM/UIM \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Med pay \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	PIP \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Collision deductible \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Other than Collision deductible \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured: Lessor 510			
<input type="checkbox"/>	<input type="checkbox"/>	Extended Nonowned 511			
<input type="checkbox"/>	<input type="checkbox"/>	Tapes, Records 520			
<input type="checkbox"/>	<input type="checkbox"/>	Sound Rec./Trans Equipment 521A			
<input type="checkbox"/>	<input type="checkbox"/>	Rental Reimbursement 523A			
<input type="checkbox"/>	<input type="checkbox"/>	Towing & Labor 524A \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mexico Limited Coverage 551 <input type="checkbox"/> Tourist 552A			
<input type="checkbox"/>	<input type="checkbox"/>	AD&D 565 \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	SR-22 Filing 571			
<input type="checkbox"/>	<input type="checkbox"/>	Named Nonowner 578			
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Vehicles 583			
<input type="checkbox"/>	<input type="checkbox"/>	Motor Home Rental 585			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
Life/Health					
<input type="checkbox"/>	<input type="checkbox"/>	Life:	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Whole \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Term \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Universal \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	IRA \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Major Medical \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Disability \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care \$ _____			
<p>The recommended coverages have been discussed with me, and I agree to reject the coverages as indicated:</p> <p><input checked="" type="checkbox"/> _____</p>					