

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

1	2	Inland Marine cont'd.	1	2	Business Auto cont'd.	
<input type="checkbox"/>	<input type="checkbox"/>	Phys. & Surg. Equip., 00 26	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Towing & Labor
<input type="checkbox"/>	<input type="checkbox"/>	Fine Arts	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	TxDOT Filing
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Floater	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Mexico Coverage Limited, 04 07
<input type="checkbox"/>	<input type="checkbox"/>	Installation Floater	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Builders' Risk	\$ _____	Workers' Compensation		
<input type="checkbox"/>	<input type="checkbox"/>	Bailee Liability	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Employers' Liability
<input type="checkbox"/>	<input type="checkbox"/>	Motor Truck Cargo	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other States: _____
<input type="checkbox"/>	<input type="checkbox"/>	Installment Sales	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Monopolistic State Operations
<input type="checkbox"/>	<input type="checkbox"/>	Patterns, Dies, Molds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stopgap Coverage (Employer's Liability)
<input type="checkbox"/>	<input type="checkbox"/>	Mail	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Operations
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost		<input type="checkbox"/>	<input type="checkbox"/>	USL&HW
<input type="checkbox"/>	<input type="checkbox"/>	Additionally Covered Property		<input type="checkbox"/>	<input type="checkbox"/>	Maritime
<input type="checkbox"/>	<input type="checkbox"/>	Reporting		<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Compensation
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Sole Proprietor, Officers, Partners Coverage
Crime				<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation
<input type="checkbox"/>	<input type="checkbox"/>	A. Employee Dishonesty	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Employer
<input type="checkbox"/>	<input type="checkbox"/>	B. Forgery/Alteration	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Notice of Material Change Endorsement
<input type="checkbox"/>	<input type="checkbox"/>	C. M&S Inside	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	M&S Outside	\$ _____	Electronic Equipment Protection		
<input type="checkbox"/>	<input type="checkbox"/>	D. Robbery	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Hardware \$ _____ Media \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Safe Burglary	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Business Interruption
<input type="checkbox"/>	<input type="checkbox"/>	E. Premises Burglary	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Extra Expenses
<input type="checkbox"/>	<input type="checkbox"/>	H. Premises Theft	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Breakdown
<input type="checkbox"/>	<input type="checkbox"/>	Robbery	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Injury
<input type="checkbox"/>	<input type="checkbox"/>	I. Robbery Safe Burglary Form Q	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Extinguisher
Boiler & Machinery				<input type="checkbox"/>	<input type="checkbox"/>	Interruption of Power Off Premises
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Object Form		Miscellaneous		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Including Production, 00 31		<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Liability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excluding Production, 00 30		<input type="checkbox"/>	<input type="checkbox"/>	Professional Liability
<input type="checkbox"/>	<input type="checkbox"/>	Small Business B&M		<input type="checkbox"/>	<input type="checkbox"/>	Flood
<input type="checkbox"/>	<input type="checkbox"/>	Small Business–Broad Form		<input type="checkbox"/>	<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	<input type="checkbox"/>	Spoilage	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Difference in Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Business Interruption	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Directors & Officers Liability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Actual Loss Sustained		<input type="checkbox"/>	<input type="checkbox"/>	Watercraft
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valued Forms		<input type="checkbox"/>	<input type="checkbox"/>	Aircraft
<input type="checkbox"/>	<input type="checkbox"/>	Extra Expense	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Fiduciary Liability <input type="checkbox"/> Incl. Employee Benefit Mgmt.
<input type="checkbox"/>	<input type="checkbox"/>	Explosion Elimination		<input type="checkbox"/>	<input type="checkbox"/>	Employment Practices Liability
<input type="checkbox"/>	<input type="checkbox"/>	Deductible	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Impairment Liability
Business Auto				<input type="checkbox"/>	<input type="checkbox"/>	Foreign Products/Operations
<input type="checkbox"/>	<input type="checkbox"/>	Liability <input type="checkbox"/> Hired/Nonowned Only	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Discontinued Products/Operations
<input type="checkbox"/>	<input type="checkbox"/>	Med Pay/PIP	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Bonds
<input type="checkbox"/>	<input type="checkbox"/>	UM/UIM	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Life
<input type="checkbox"/>	<input type="checkbox"/>	Other Than Collision deductible	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Health
<input type="checkbox"/>	<input type="checkbox"/>	Specified Causes		<input type="checkbox"/>	<input type="checkbox"/>	Disability Income
<input type="checkbox"/>	<input type="checkbox"/>	Collision deductible	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Individual Named Insured, 99 17: _____		<p>The recommended coverages have been discussed with me, and I agree to reject the coverages indicated:</p> <p>X _____</p>		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured–Lessor, 20 01				
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Employees as Insureds, 99 33				
<input type="checkbox"/>	<input type="checkbox"/>	Drive Other Car, 99 10: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Garagekeepers, 99 37				
<input type="checkbox"/>	<input type="checkbox"/>	Hired Car Physical Damage				
<input type="checkbox"/>	<input type="checkbox"/>	Sound Receiving/Trans. Equipment/Stereos, 99 08				
<input type="checkbox"/>	<input type="checkbox"/>	Tapes & Records, 99 30				
<input type="checkbox"/>	<input type="checkbox"/>	Rental Reimbursement, 99 23A				