

Personal Lines Coverage Checklist

(ISO Version)

Name _____ Address _____

Home phone _____) _____ - _____ Office phone _____) _____ - _____

Revised by _____ Today's date _____ / _____ / _____

1 = Coverage on policy or recommended **2** = Coverage rejected by insured

1		2			1		2		
				Primary Residence					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"/>	Location _____		
<input type="checkbox"/>	<input type="checkbox"/>	Deductible: \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____		
<input type="checkbox"/>	<input type="checkbox"/>	Coverage A. Dwelling	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	Complete separate checklist _____		
<input type="checkbox"/>	<input type="checkbox"/>	Coverage B. Other Structures	\$ _____		Dwelling Fire Policy				
<input type="checkbox"/>	<input type="checkbox"/>	Coverage C. Personal Property	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	Dwelling Policy Form: _____ Deductible \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Coverage D. Loss of Use	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	A. Dwelling \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Coverage E. Personal Liability	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	B. Other Structures \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Coverage F. Medical Payments	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	C. Personal Property \$ _____		
				Property Options	<input type="checkbox"/>	<input type="checkbox"/>	D. Fair Rental Value \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost for Personal Property HO 23 04			<input type="checkbox"/>	<input type="checkbox"/>	Liability and Medical Payments Added to Homeowners		
<input type="checkbox"/>	<input type="checkbox"/>	Specified Additional Amount on Dwelling HO 04 20 _____ %			<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost Buildings DP 00 08		
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Jewelry/Furs/etc. HO 04 65 \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Windstorm exclusion DP 05 51		
<input type="checkbox"/>	<input type="checkbox"/>	Increase Business Per. Prop. HO 04 12 \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Windstorm or Hail Deductible DP 03 12		
<input type="checkbox"/>	<input type="checkbox"/>	Special Computer Coverage HO 04 72 \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Broad Theft Coverage DP 04 72: On-Premises \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Wind and Hail Exclusion HO 04 70					Off-Premises \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Exclusion, Residential Community Property HO 42 10			<input type="checkbox"/>	<input type="checkbox"/>	Foundation Coverage DP 05 56 _____		
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Personal Property HO 04 60 (Inc. Breakage <input type="checkbox"/>) \$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Water Damage Coverage DP 05 57 _____		
<input type="checkbox"/>	<input type="checkbox"/>	Wind and Hail Deductible HO 03 12 \$ _____							
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost for Structures HO 04 43							
<input type="checkbox"/>	<input type="checkbox"/>	Water/Sewer Back-Up HO 04 69			Farm & Ranch				
<input type="checkbox"/>	<input type="checkbox"/>	Identity Fraud Expense Coverage HO 42 97			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental		
<input type="checkbox"/>	<input type="checkbox"/>	Home Business Endorsements			<input type="checkbox"/>	<input type="checkbox"/>	Effective Date: _____ / _____ / _____		
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerated Property Coverage HO 04 98			<input type="checkbox"/>	<input type="checkbox"/>	Farm Property		
<input type="checkbox"/>	<input type="checkbox"/>	Golf Cart Physical Damage Coverage HO 05 28			<input type="checkbox"/>	<input type="checkbox"/>	Cov. A. Dwelling \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Water Damage Coverage HO 04 67			<input type="checkbox"/>	<input type="checkbox"/>	Cov. B. Other Private Structures \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Foundation Coverage HO 04 68			<input type="checkbox"/>	<input type="checkbox"/>	Cov. C. Household Personal Property \$ _____		
				Liability Options	<input type="checkbox"/>	<input type="checkbox"/>	Cov. D. Loss of Use \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Coverage HO 24 50			<input type="checkbox"/>	<input type="checkbox"/>	Cov. E. Schedule Farm Personal Property \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Watercraft Liability HO 24 75			<input type="checkbox"/>	<input type="checkbox"/>	Cov. F. Unscheduled Farm Personal Property \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Business Pursuits Liability HO 24 71			<input type="checkbox"/>	<input type="checkbox"/>	Cov. G. Other Farm Structures \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Residence Rented to Others HO 24 70			<input type="checkbox"/>	<input type="checkbox"/>	Causes of Loss Form-Basic		
<input type="checkbox"/>	<input type="checkbox"/>	Incidental Farming Personal Liability HO 24 72			<input type="checkbox"/>	<input type="checkbox"/>	Causes of Loss Form-Broad		
<input type="checkbox"/>	<input type="checkbox"/>	Farmers Personal Liability HO 24 73			<input type="checkbox"/>	<input type="checkbox"/>	Causes of Loss Form-Special		
				Other Options	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Agricultural Machinery & Equipment \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured			<input type="checkbox"/>	<input type="checkbox"/>	Livestock \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Condo Rental to Others HO 17 33			<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Personal Property \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment HO 04 35			<input type="checkbox"/>	<input type="checkbox"/>	Sewer and Sump Backup FP 04 02 _____		
<input type="checkbox"/>	<input type="checkbox"/>	Condo Unit Owner Cov. A Special HO 17 91			<input type="checkbox"/>	<input type="checkbox"/>	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Condo Unit Owner Cov. C Special HO 17 90			<input type="checkbox"/>	<input type="checkbox"/>	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>	_____		

1	2	Farm Liability	
<input type="checkbox"/>	<input type="checkbox"/>	Limits: Each Occurrence- BI&PD	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Each Person/Org.- PI&AI	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Each Person- Medical Expense	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Each Fire- Fire Damage	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	General Aggregate	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Farm Premises Rented to Others FL 04 29	
<input type="checkbox"/>	<input type="checkbox"/>	Business Activities FL 04 43	
<input type="checkbox"/>	<input type="checkbox"/>	Limited Crop Dusting Coverage FL 04 44	
<input type="checkbox"/>	<input type="checkbox"/>	Farm Employers Liability and Medical Payments FL 04 65	
<input type="checkbox"/>	<input type="checkbox"/>	Custom Farming Liability FL 04 69	
<input type="checkbox"/>	<input type="checkbox"/>	All-Terrain Vehicle Coverage FL 04 74	

		Personal Automobiles	
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____	
<input type="checkbox"/>	<input type="checkbox"/>	Liability	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Uninsured/Underinsured Motorist	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Medical Payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Protection	\$ _____
<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 PP 03 19	
<input type="checkbox"/>	<input type="checkbox"/>	Extended Nonowned PP 03 06	
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Equipment PP 03 13	
<input type="checkbox"/>	<input type="checkbox"/>	Customizing Equipment PP 03 18	
<input type="checkbox"/>	<input type="checkbox"/>	Transportation Expenses PP 03 02	
<input type="checkbox"/>	<input type="checkbox"/>	Towing & Labor PP 03 03	
<input type="checkbox"/>	<input type="checkbox"/>	Mexico Limited Coverage PP 03 21	
<input type="checkbox"/>	<input type="checkbox"/>	AD&D PP 13 65	
<input type="checkbox"/>	<input type="checkbox"/>	Named Nonowner PP 13 91	
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Vehicles PP 03 23	
<input type="checkbox"/>	<input type="checkbox"/>	Motor Home Rental PP 03 28	
<input type="checkbox"/>	<input type="checkbox"/>	Covered Autos: (1) _____	
<input type="checkbox"/>	<input type="checkbox"/>	(2) _____	
<input type="checkbox"/>	<input type="checkbox"/>	(3) _____	
<input type="checkbox"/>	<input type="checkbox"/>	(4) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Joint Ownership Coverage PP 03 34	
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan/Lease "GAP" Coverage PP 03 35	
<input type="checkbox"/>	<input type="checkbox"/>	Trust Endorsement PP 13 03	
<input type="checkbox"/>	<input type="checkbox"/>	Named Driver Exclusion: _____	

1	2	Life/Health	
<input type="checkbox"/>	<input type="checkbox"/>	Life:	
<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	\$ _____
Flood			
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____	
<input type="checkbox"/>	<input type="checkbox"/>	Building	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Contents	\$ _____
Watercraft/Aircraft			
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____	
<input type="checkbox"/>	<input type="checkbox"/>	Liability	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Passengers	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Medical Payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Damage	\$ _____
Miscellaneous			
<input type="checkbox"/>	<input type="checkbox"/>	Umbrella	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Retention Self-Insured	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Earthquake	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Inland Marine:	
<input type="checkbox"/>	<input type="checkbox"/>	1.	:\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2.	:\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	3.	:\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4.	:\$ _____

		Describe Other Coverages

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

X _____