**Commercial Lines Coverage Checklist**

Business Name Address

Business phone ( ) – Alternate phone ( ) –

Completed by: Today’s date : / /

Business Contact

Package Monoline Location 1 Building Contents

Location 2 Building Contents

Location 3 Building Contents

Additional Locations Attached? YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage Offered: Accepted** | **Coverage Offered: Rejected** | **More Info/ Quote Requested** |  |
| **Property Coverage** Customer Declined | | | |
|  |  |  | BS = Basic Form BR = Broad Form SP = Special Form |
|  |  |  | Blanket |
|  |  |  | **Buildings:** 1. BS BR SP $  2. BS BR SP $  3. BS BR SP $ |
|  |  |  | Causes Exclusion: |
|  |  |  | Inflation Guard % |
|  |  |  | Replacement Cost Option |
|  |  |  | Agreed Value Option |
|  |  |  | Deductible $ |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
|  | | | |
|  |  |  | **Personal Property:**  1. BS BR SP $  2. BS BR SP $  3. BS BR SP $ |
|  |  |  | Causes Exclusions |
|  |  |  | Property of Others $ |
|  |  |  | Leased Property $ |
|  |  |  | Causes Exclusions |
|  |  |  | Spoilage Coverage |
|  |  |  | Ordinance or Law Coverage |
|  |  |  | Cyber and Data |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
|  | | | |
|  |  |  | **Time Element** *Specify Locations/Blanket* |
|  |  |  | Business Income & Extra Expense $ |
|  |  |  | Business Income Without E.E. $ |
|  |  |  | Extra Expenses $ |
|  |  |  | Rental Value $ |
|  |  |  | Maximum Period of Indemnity Option |
|  |  |  | Monthly Limitation: |
|  |  |  | Agreed Value Option |
|  |  |  | Ordinary Payroll: |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
| **General Liability** Customer Declined | | | |
| Accepted | Rejected | More Info |  |
|  |  |  | Occurrence $ |
|  |  |  | General Aggregate $ |
|  |  |  | Products Aggregate $ |
|  |  |  | Fire Damage Limit $ |
|  |  |  | Additional Insured: |
|  |  |  | Liquor Liability (deletes exclusion) |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
| **Inland Marine** Customer Declined | | | |
|  |  |  | Equipment Floater $ |
|  |  |  | Installation Floater $ |
|  |  |  | Builders’ Risk $ |
|  |  |  | Replacement Cost |
|  |  |  | Additional Covered Property |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
| **Crime** Customer Declined | | | |
|  |  |  | Employee Dishonesty $ |
|  |  |  | Forgery/Alteration $ |
|  |  |  | M&S Inside $  M&S Outside $ |
|  |  |  | Robbery $  Safe Burglary $ |
|  |  |  | Premises Burglary $ |
|  |  |  | Premises Theft $  Robbery $ |
|  |  |  | Robbery Safe Burglary Form Q $ |
| **Boiler and Machinery** Customer Declined | | | |
|  |  |  | Coverage $ |
|  |  |  | Spoilage $ |
|  |  |  | Business Interruption $  Actual Loss Sustained  Valued Forms |
|  |  |  | Extra Expense $ |
|  |  |  | Small Business B&M |
|  |  |  | Small Business- Broad Form |
|  |  |  | Deductible $ |
|  |  |  | Endorsement: |
| **Business Automobile** Customer Declined | | | |
|  |  |  | Symbol 1-Any Auto 2-Owned Autos Only 3-Owned PVT Passenger Vehicles  4-Owned Autos, Not PVT Passenger 5-Owned Autos – PIP Coverage  6-Owned Autos – Uninsured Motorist Coverage 7-Specified Auto Coverage  8-Hired Auto |
|  |  |  | Liability $ |
|  |  |  | Med Pay/PIP $ |
|  |  |  | UM/UIM $ |
|  |  |  | Collision Deductible: $ |
|  |  |  | Comprehensive Deductible: $ |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
|  |  |  | Endorsement: |
| **Workers’ Compensation** Customer Declined | | | |
|  |  |  | Employers’ Liability $ |
|  |  |  | Other States: |
|  |  |  | Monopolistic State Operations  Stopgap Coverage (Employer’s Liability) |
|  |  |  |  |
|  |  |  |  |
| **Electronic Equipment Breakdown** Customer Declined | | | |
|  |  |  | Hardware $ Media $ |
|  |  |  | Business Interruption $ |
|  |  |  | Extra Expenses $ |
|  |  |  | Mechanical Breakdown |
|  |  |  |  |
| **Miscellaneous** Customer Declined | | | |
|  |  |  | Umbrella Liability $ |
|  |  |  | Professional Liability $ |
|  |  |  | Directors & Officers Liability |
|  |  |  | Employment Practices Liability |
|  |  |  | Cyber |
|  |  |  | Other: |

**Additional Endorsements and Coverages to Consider**

**Property**

* **Buildings:**
  + Additional Covered Property
  + Additional Building Property
  + Additional Property Not Covered
  + Multiple Deductible
  + Debris Removal - Limit
  + Newly Acquired – Limit
  + Functional Building Valuation
  + Ordinance or Law Coverage
  + Condominium Association
  + Condo Unit – Owner
  + Condo Unit – Owners Optional
  + Legal Liability Coverage
  + Builders’ Risk
  + Outdoor Signs
  + Glass Insurance
* **Personal Property:**
  + Drone
  + Separation of Coverage
  + Multiple Deductible
  + Replacement Cost Option
  + Agreed Value Option
  + Market Value – Stock
  + Mfg. Consequential Loss
  + Mfg. Selling Price
  + Functional Valuation
  + Reporting Form
  + Peak Season
  + Off Premises Power Failure
* **Time Element**
  + Dependent Property
  + Tuition Fees
  + Leasehold Interest
  + Power, Heat, Ref. Deduction
  + Electronic Media
  + Ordinance or Law
  + Off. Premises Services

**General Liability**

* Per Project/Premises Aggregate
* Separate Project/Premises Limit
* Employment Practices Exclusion
* Exclude Products
* Exclude, x, c, u
* Employee Benefits Liability
* Exclude Professional
* Exclude Intercompany Products
* Products Redefined
* Personal Injury Contractual
* Waiver of Subrogation
* Employee Benefits Liability

**Inland Marine**

* Signs
* Valuable Papers
* Accounts Receivable
* Cameras/Musical
* Phys. & Surg. Equipment
* Fine arts

**Inland Marine Continued**

* Motor Truck Cargo
* Installment Sales
* Patterns, Dies, Molds

**Boiler and Machinery**

* Object Form
  + Including Production
  + Excluding Production
* Explosion Elimination

**Business Auto**

* Specified Cases
* Individual Named Insured
* Additional Insured – Lessor
* Additional Insured: \_\_\_\_\_\_\_
* Employees as Insureds
* Drive Other Car
* Garagekeepers
* Hired Car Physical Damage
* Sound Receiving/Trans. Equipment/Stereos
* Tapes & Records
* Rental Reimbursement
* Towing Labor
* TxDOT Filing
* Mexico Coverage Limited

**Workers’ Compensation**

* Foreign Operations
* USL & HW
* Maritime
* Voluntary Compensation
* Sole Proprietor, Officers, Partners Coverage
* Alternate Employer
* Waiver of Subrogation
* Notice of Material Change Endorsement

**Electronic Equipment Protection**

* Electrical Injury
* Automatic Extinguisher
* Interruption of Power Off Premises

**Miscellaneous**

* Flood
* Earthquake
* Difference in Conditions
* Watercraft
* Aircraft
* Fiduciary Liability
* Environmental Impairment Liability
* Foreign Products/Operations
* Bonds
* Life
* Health
* Disability Income

The recommended coverages have been discussed with me and I agree to the information completed on this form. Furthermore, I understand that it is my responsibility to request coverage/information or to inform my agent of any material changes in my business that may affect my insurance coverage.

Named Insured Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Named Insured Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by phone? YES NO