**Personal Lines New Business Coverage Checklist**

Insured: Date:

Primary Phone Number: ( )

Home Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage Recommended: Accepted** | **Coverage Recommended: Rejected** | **Quote/More Information Requested** |  |
| **Homeowners** Declined | | | |
|  |  |  | Effective Date / / |
|  |  |  | Deductible: 1. $ 2. $ 3. $ |
|  |  |  | Coverage: Dwelling $  Other Structures $ |
|  |  |  | Coverage: Personal Property $ |
|  |  |  | Coverage: Personal Liability $ |
|  |  |  | Coverage: Medical Payments $ |
| **Property Options** Declined | | | |
|  |  |  | Replacement Cost for Personal Property $ |
|  |  |  | Increase Other Structures $ |
|  |  |  | Replacement Cost for Dwelling |
|  |  |  | Increase Limit Jewelry/Fine Art $ |
|  |  |  | Special Personal Property |
|  |  |  | Identity Fraud $ |
|  |  |  | Water Backup $ |
|  |  |  | Incidental Business Activity |
|  |  |  | ACV Applied to Roof |
|  |  |  | Ordinance or Law Coverage $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Wind/Hail Cosmetic Damage to Exterior Covered |
|  |  |  | Incidental Farming: Consider Using Farm & Ranch Checklist |
|  |  |  | Scheduled Personal Property: Include Breakage  : $ |
| **Flood** Declined | | | |
|  |  |  | Effective Date: / / |
|  |  |  | Building: $ Contents: $ |
| **Liability Options** Declined | | | |
|  |  |  | Personal Injury Coverage $\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Office, Private School, Studio $ |
|  |  |  | Farmers Personal Liability $ |
|  |  |  | Watercraft Liability $ |
|  |  |  | Business Pursuits Liability $ |
|  |  |  | Additional Premises Liability $ |
|  |  |  | Recrereational Vehicle Liability $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Umbrella Liability $\_\_\_\_\_\_\_\_\_\_ |
| **Other Options** Declined | | | |
|  |  |  | Mortgagee/Additional Insured: |
|  | | | |
|  | | | |
| **Secondary Residence** Declined | | | |
| **Coverage Recommended: Accepted** | **Coverage Recommended: Rejected** | **Quote/More Information Requested** |  |
|  |  |  | Occupied Rented Rented to Others |
|  |  |  | Effective Date / / |
| **Dwelling Fire Policy**  Declined | | | |
|  |  |  | Dwelling Policy Form: Deductible: $ |
|  |  |  | Dwelling $ |
|  |  |  | Personal Property $ |
|  |  |  | Liability and Medical Payments Added to Homeowners |
|  |  |  | Loss of Rent $  $ mo. |
|  |  |  | Replacement Cost-Personal Property \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Vacancy Permit \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Replacement Cost Roof |
| **Personal Automobiles** Declined | | | |
|  |  |  | Effective Date / / |
|  |  |  | Lability: UM/UIM $ |
|  |  |  | Med Pay $ |
|  |  |  | Glass Coverage |
|  |  |  | Collision Deductible: $ |
|  |  |  | Comprehensive Deductible: $ |
|  |  |  | Additional Insured: Lessor |
|  |  |  | Lienholder |
|  |  |  | Loan/Lease Gap \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | New Car Replacement \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Rental reimbursement \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Towing & Labor $ |
|  |  |  | Ride Share Coverage |
|  |  |  | SR-22 Filing \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Accident Forgiveness \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Miscellaneous Vehicles |

The recommended coverages have been discussed with me, and I agree to reject the coverages as indicated. I also acknowledge the values listed are accurate. Furthermore, if I wish to receive information or a quote on any rejected coverage in the future, it is my responsibility to request this from my agent/the agency.

**Customer Signature Date**

Printed Name

**Agency Representative Signature Date**

Printed Name