

### Checklist Instructions:

**Agent:** The coverages listed below are suggested for consideration for associations. After evaluating each of the listed coverages, check the recommended blank by those that apply specifically to this client. Make sure both the exposure and the coverage are explained to the client.

**Client:** For each of the coverages that the agent has recommended, initial whether you have chosen to accept or reject that coverage in the blanks provided.

## COVERAGE RECOMMENDATIONS

PROPERTY COVERAGES	Recommend	Accept	Reject	N/A
<b>Building and Personal Property Coverage Form</b>				
Building				
Business Personal Property				
Personal Property of Others				
Improvements and Betterments				
<b>Building and Personal Property Coinsurance</b>				
Percentages    None    80%    90%    100%				
Bldg				
BPP				
PPO				
I&B				
<b>Alternatives to Coinsurance</b>				
Agreed Value				
Functional Replacement Cost				
Peak Season				
Reporting Forms				
Other _____				
<b>Optional Property Coverage Forms</b>				
Builders Risk				
Commercial or Manufacturers Output Policy				
Condominium–Association Coverage				
Condominium–Unit-owners Coverage				
Equipment Breakdown				
Legal Liability				
Mortgageholders Error and Omissions				
Standard Property Policy				
<b>Property Coverage Options</b>				
Additional Debris Removal				
Ordinance or Law				
Outdoor Trees, Shrubs and Plants Enhancement				
Replacement Cost Valuation				

Spoilage					
Utility Services–Direct Damage					
<b>Other Property Options</b>					
<b>TIME ELEMENT COVERAGES</b>					
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>	
Business Income With Extra Expense					
Business Income Without Extra Expense					
Extra Expense					
Leasehold Interest					
Business Income Coinsurance Percentage _____					
<b>Alternatives to Coinsurance</b>					
Agreed Value					
Maximum Period of Indemnity					
Monthly Limit of Indemnity					
Premium Adjustment					
<b>Optional Time Element Endorsements</b>					
Business Income from Dependent Properties					
Ordinance or Law–Increased Period of Restoration					
Utility Services					
<b>Other Time Element Coverages</b>					
<b>PROPERTY AND TIME ELEMENT CAUSES OF LOSS</b>					
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>	
	Bldg	BPP	PPO	BI	EE
Basic	_____	_____	_____	_____	_____
Broad	_____	_____	_____	_____	_____
Special	_____	_____	_____	_____	_____
Earthquake	_____	_____	_____	_____	_____
Flood	_____	_____	_____	_____	_____
<b>Other Cause of Loss Endorsements</b>					

<b>INLAND MARINE COVERAGES</b>				
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
Accounts Receivable				
Commercial Articles				
Contractors Equipment				
Difference In Conditions(DIC)				
Electronic Data Processing				
Fine Arts				
Goods in Transit				
Signs (Neon and Electric)				
Valuable Papers and Records				
<b>Other Inland Marine Coverages</b>				
<b>CRIME COVERAGES</b>				
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
<b>Money, Securities and Other Property</b>				
Employee Dishonesty				
Employee Dishonesty Including Clients' Property				
Computer and Funds Transfer Fraud				
Destruction of Electronic Data or Programs				
Extortion				
Forgery or Alterations				
Fraudulent Impersonation				
Identity Fraud Expense				
Lessees of Safe Deposit Boxes (Securities and Other Property only)				
<b>Money and/or Securities Only</b>				
Theft, Disappearance and Destruction				
Robbery and Safe Burglary				
Securities Deposited With Others				
<b>Property Other Than Money and Securities</b>				
Premises Burglary				
Premises Theft				
Robbery and Safe Burglary				
<b>Other Crime Coverages</b>				

<b>LIABILITY COVERAGES</b>				
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
Commercial General Liability				
Occurrence Basis				
Claims-Made Basis				
<b>Optional Liability Coverages</b>				
Directors and Officers				
Employee Benefits				
Employment-related Practices				
Liquor				
Owners and Contractors Protective				
Railroad Protective				
Special Events				
<b>Other Liability Coverages</b>				
<b>BUSINESSOWNERS POLICY</b>				
<b>PROFESSIONAL AND E&amp;O LIABILITY COVERAGES</b>				
<b>COMMERCIAL AUTO COVERAGES</b>				
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
Liability				
Medical Payments				
Physical Damage				
Hired Car				
Nonownership Auto				
Personal Injury Protection (P.I.P.)/No-Fault				
<b>Optional Automobile Coverages</b>				
Garagekeepers				
Uninsured Motorists				
Underinsured Motorist				
<b>Other Auto Coverages</b>				
<b>WORKERS COMPENSATION</b>				

<b>COVERAGES</b>	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
Workers Compensation and Employers Liability				
Federal Employers Liability Act				
Longshore and Harbor Workers Coverage				
Stop Gap Employers Liability Coverage				
Voluntary Compensation				
<b>Other Workers Compensation Endorsements</b>				
<b>EXCESS LIABILITY COVERAGES</b>				
	<b>Recommend</b>	<b>Accept</b>	<b>Reject</b>	<b>N/A</b>
Excess Liability Policy				
Umbrella Policy				
<b>AVIATION COVERAGES</b>				
Aircraft Passenger Liability				
Aircraft Policy				
<b>SPECIALTY COVERAGES</b>				
Cyber Insurance				
Electronic Data Liability				
Environmental Impairment Liability Policy				
Fiduciary Liability Insurance				
International/Foreign Operations Insurance				
Media/Communication Liability				
Terrorism Insurance				
Underground Storage Tank Liability ( UST)				
Unmanned Aerial Vehicles (UAV) (Drones)				
Weather Insurance				
<b>Other Specialty Coverages</b>				
<b>BONDS</b>				
License and Permit Bond				
<b>Other Bonds</b>				

<b>OTHER OPTIONS</b>				

**Comments**

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I certify that I have reviewed my coverage needs in accordance with this checklist with my agent and I have accepted or rejected the recommended coverages as indicated by my initials in the spaces above.

\_\_\_\_\_ Signature of Client \_\_\_\_\_ Date  
\_\_\_\_\_ Title

I certify that I have reviewed the coverages outlined in this checklist with my client and that the initials of the client indicate the acceptance or rejection of the coverages recommended.

\_\_\_\_\_ Signature of Agent \_\_\_\_\_ Date