

## Checklist Instructions:

**Agent:** The coverages listed below are suggested for consideration for casual and artisan contractors. 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>				
Commercial or Manufacturers Output Policy				
Condominium–Unit-owners Coverage				
Equipment Breakdown				
Legal Liability				
Standard Property Policy				
<b>Property Coverage Options</b>				
Additional Debris Removal				
Ordinance or Law				
Outdoor Trees, Shrubs and Plants Enhancement				
Replacement Cost Valuation				
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				
Builders Risk				
Contractors Equipment				
Difference In Conditions(DIC)				
Electronic Data Processing				
Goods in Transit				
Installation				
Installment Sales				
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				
Extortion				
Forgery or Alterations				
Fraudulent Impersonation				
Identity Fraud Expense				
Lessees of Safe Deposit Boxes (Securities and Other Property only)				
Money Orders and Counterfeit Money				
<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				
Owners and Contractors Protective				
Products/Completed Operations only				
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>				
Uninsured Motorists				
Underinsured Motorist				
<b>Other Auto Coverages</b>				
_____				
_____				
_____				
<b>WORKERS COMPENSATION 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				
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>				
Bid Bond				
Contract Bond				
Labor and Material (Payment) Bond				
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