



GOVERNMENT, INSTITUTIONS & UTILITIES

Checklist Instructions:

Agent: The coverages listed below are suggested for consideration for government, institutions and utilities. 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
Building and Personal Property Coverage Form				
Building				
Business Personal Property				
Personal Property of Others				
Improvements and Betterments				
Building and Personal Property Coinsurance				
Percentages None 80% 90% 100%				
Bldg				
BPP				
PPO				
I&B				
Alternatives to Coinsurance				
Agreed Value				
Functional Replacement Cost				
Peak Season				
Reporting Forms				
Other _____				
Optional Property Coverage Forms				
Builders Risk				
Commercial or Manufacturers Output Policy				
Condominium–Unit-owners Coverage				
Equipment Breakdown				
Legal Liability				
Standard Property Policy				
Property Coverage Options				
Additional Debris Removal				
Ordinance or Law				
Outdoor Trees, Shrubs and Plants Enhancement				
Replacement Cost Valuation				
Spoilage				
Utility Services–Direct Damage				



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INLAND MARINE COVERAGES				
	Recommend	Accept	Reject	N/A
Accounts Receivable				
Animal Mortality				
Broadcasting Tower/Equipment				
Builders Risk				
Commercial Articles				
Contractors Equipment				
Difference In Conditions(DIC)				
Electronic Data Processing				
Film				
Fine Arts				
Goods in Transit				
Installation				
Miscellaneous				
Signs (Neon and Electric)				
Theatrical Property				
Valuable Papers and Records				
Other Inland Marine Coverages				
CRIME COVERAGES				
	Recommend	Accept	Reject	N/A
Money, Securities and Other Property				
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				
Kidnap and Ransom				
Lessees of Safe Deposit Boxes (Securities and Other Property only)				
Money Orders and Counterfeit Money				
Telephone Toll Fraud				
Unauthorized Reproduction of Computer Software by Employees				
Money and/or Securities Only				
Theft, Disappearance and Destruction				
Robbery and Safe Burglary				
Securities Deposited With Others				
Property Other Than Money and				



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



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Underground Storage Tank Liability (UST)				
Unmanned Aerial Vehicles (UAV) (Drones)				
Weather Insurance				
Other Specialty Coverages				

BONDS				
License and Permit Bond				
Public Official Bond				
Other Bonds				

OTHER OPTIONS				

Comments

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