



HEALTH CARE PROVIDERS

Checklist Instructions:

Agent: The coverages listed below are suggested for consideration for health care providers. 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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Other Property Options				

TIME ELEMENT COVERAGES				
	Recommend	Accept	Reject	N/A
Business Income With Extra Expense				
Business Income Without Extra Expense				
Extra Expense				
Leasehold Interest				
Business Income Coinsurance Percentage _____				
Alternatives to Coinsurance				
Agreed Value				
Maximum Period of Indemnity				
Monthly Limit of Indemnity				
Premium Adjustment				
Optional Time Element Endorsements				
Business Income from Dependent Properties				
Ordinance or Law-Increased Period of Restoration				
Utility Services				
Other Time Element Coverages				

PROPERTY AND TIME ELEMENT CAUSES OF LOSS				
	Recommend	Accept	Reject	N/A
Bldg BPP PPO BI EE				
Basic	_____	_____	_____	_____
Broad	_____	_____	_____	_____
Special	_____	_____	_____	_____
Earthquake	_____	_____	_____	_____
Flood	_____	_____	_____	_____
Other Cause of Loss Endorsements				



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INLAND MARINE COVERAGES				
	Recommend	Accept	Reject	N/A
Accounts Receivable				
Commercial Articles				
Difference In Conditions(DIC)				
Electronic Data Processing				
Fine Arts				
Goods in Transit				
Physicians and Surgeons				
Signs (Neon and Electric)				
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 Securities				
Premises Burglary				
Premises Theft				
Robbery and Safe Burglary				
Other Crime Coverages				



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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				
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				
Other Auto Coverages				



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WORKERS COMPENSATION COVERAGES				
	Recommend	Accept	Reject	N/A
Workers Compensation and Employers Liability				
Federal Employers Liability Act				
Longshore and Harbor Workers Coverage				
Stop Gap Employers Liability Coverage				
Voluntary Compensation				
Other Workers Compensation Endorsements				
EXCESS LIABILITY COVERAGES				
	Recommend	Accept	Reject	N/A
Excess Liability Policy				
Umbrella Policy				
AVIATION COVERAGES				
Aircraft Passenger Liability				
Aircraft Policy				
SPECIALTY COVERAGES				
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				
Other Specialty Coverages				
BONDS				
Bid Bond				
Contract Bond				
License and Permit Bond				
Other Bonds				



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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