

Checklist Instructions:

Agent: The coverages listed below are suggested for consideration for service businesses. 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		<u> </u>		
Reporting Forms				
Other				
0.1				1
Optional Property Coverage Forms				
Builders Risk				
Commercial or Manufacturers Output Policy				
Condominium-Unit-owners Coverage				
Equipment Breakdown				i i
Legal Liability				
Standard Property Policy				
Branarty Cayaraga Ontions				
Property Coverage Options		3		
Additional Debris Removal Ordinance or Law		-		
Outdoor Trees, Shrubs and Plants Enhancement Replacement Cost Valuation				
Spoilage				
Utility Services-Direct Damage		 		
Samy Corridor Birott Barrago				
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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	4			
Outional Time Flament Fadament			V	
Optional Time Element Endorsements				
Business Income from Dependent Properties Ordinance or Law-Increased Period of Restoration	-			
Utility Services				
ounty convioco	7			
Other Time Element Coverages				
ottor rimo Liomont Covorageo				
<u> </u>				
PROPERTY AND TIME ELEMENT				
CAUSES OF LOSS				
	Recommend	Accept	Reject	N/A
		=		
Bidg BPP PPO BI EE				
BasicBroad	7.0			
Special				
Earthquake	0 0			
Flood				
35g 31 350 31 50 40 50 ² 37 50 30				
Other Cause of Loss Endorsements				
*	+			



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INII AND MADINE COVEDACES				
INLAND MARINE COVERAGES	Decemmend	Accept	Poisst	NI/A
	Recommend	Accept	Reject	N/A
Accounts Receivable				
Bailees Customer				
Commercial Articles				
Contractors Equipment				
Difference In Conditions(DIC)				
Electronic Data Processing				
Fine Arts				
Furriers Block				
Goods in Transit	-			
Jewelers Block Miscellaneous				
Signs (Neon and Electric)	1		1	
Valuable Papers and Records				
valuable i apers and necords				
Other Inland Marine Coverages	 			
Other illiand Marine Coverages				
ODIME COVEDACES				
CRIME COVERAGES	Decemmend	Assent	Deicat	N1 /A
	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				
Safe Depository				
Telephone Toll Fraud				
Unauthorized Reproduction of Computer Software				
by Employees				
Money and/or Securities Only	+			
Theft, Disappearance and Destruction	1			
Robbery and Safe Burglary				
Securities Deposited With Others	1 1			
Property Other Than Money and	1			
Securities				
Securities				
Premises Burglary				



Premises Theft				
Robbery and Safe Burglary				
			8	
Other Crime Coverages				
ti di				
LIABILITY COVERAGES		4		
	Recommend	Accept	Reject	N/A
Commercial General Liability				
Occurrence Basis	+		4	
Claims-Made Basis				
O-4:	+	÷		
Optional Liability Coverages	4			
Directors and Officers				
Employee Benefits	-			
Employment-related Practices	+			
Liquor Owners and Contractors Protective				
Railroad Protective	+	-	-	
Special Events		7		
opecial Events	1 1			
Other Liability Coverages	1 1			
Other Elability Goverages	+			
		7		
BUSINESSOWNERS POLICY				
PROFESSIONAL AND E&O LIABILITY				
COVERAGES				
001211110120	+		*	
COMMERCIAL AUTO COVERAGES				
	Recommend	Accept	Reject	N/A
	Tioooiiiiioiia	лосорс	, nojout	,
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		- 3		



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WORKERS SOMBENSATION		***		
WORKERS COMPENSATION				
COVERAGES		19		1020
	Recommend	Accept	Reject	N/A
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Workers Compensation and Employers Liability				
Federal Employers Liability Act				
Longshore and Harbor Workers Coverage				
Stop Gap Employers Liability Coverage	7.5	6		
Voluntary Compensation		``		
S00.9 000				
Other Workers Compensation				
Endorsements				
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EXCESS LIABILITY COVERAGES				
	Recommend	Accept	Reject	N/A
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Excess Liability Policy				
Umbrella Policy		7		

AVIATION COVERAGES				
Aircraft Passenger Liability		*		
Aircraft Policy		*		
SPECIALTY COVERAGES				
Cyber Insurance		a)		
Electronic Data Liability		*		
Environmental Impairment Liability Policy				
Fiduciary Liability Insurance		77		
International/Foreign Operations Insurance		*		
Media/Communication Liability				
Terrorism Insurance				
Underground Storage Tank Liability (UST)				
Unmanned Aerial Vehicles (UAV) (Drones)				
Weather Insurance		46		
		*		
Other Specialty Coverages				
other opecialty coverages			-	
		3		
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RONDS		3		



Bid Bond				
Contract Bond				
License and Permit Bond	2			
Other Bonds				
	8			
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		5		
OTHER OPTIONS		1		
OTHER OF HONS		+		
Comments				
			=======================================	
			127	
I certify that I have reviewed my coverage			y agent and I have a	ccepted or
rejected the recommended coverages as i	ndicated by my initials in the	spaces above.		
	Ciaratana at Cliart		Data	
	Signature of Client		Date	
	Title			
I certify that I have reviewed the coverages		th my client and the	at the initials of the c	lient indicate
the acceptance or rejection of the coverag	es recommended.			
	Signature of Agent		Date	
	Signature of Agent		Date	