



Checklist Instructions:

Agent: The coverages listed below are suggested for consideration for recreation and sports operations. 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 | | | | |



RECREATION & SPORTS

| | | | | | | | | | |
|--|-------|-------|-------|-------|-------|------------------|---------------|---------------|------------|
| 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 | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |



RECREATION & SPORTS

| INLAND MARINE COVERAGES | | | | |
|--|------------------|---------------|---------------|------------|
| | Recommend | Accept | Reject | N/A |
| Accounts Receivable | | | | |
| Bailees Customer | | | | |
| Commercial Articles | | | | |
| Contractors Equipment | | | | |
| Difference In Conditions(DIC) | | | | |
| Electronic Data Processing | | | | |
| Fine Arts | | | | |
| Goods in Transit | | | | |
| 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) | | | | |
| 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 | | | | |
| | | | | |
| | | | | |



RECREATION & SPORTS

| 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 | | | | |
| | | | | |
| | | | | |
| WORKERS COMPENSATION COVERAGES | | | | |



RECREATION & SPORTS

| | 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) | | | | |
| Other Specialty Coverages | | | | |
| | | | | |
| | | | | |
| | | | | |
| BONDS | | | | |
| Bid Bond | | | | |
| Contract Bond | | | | |
| Fiduciary Bond | | | | |
| License and Permit Bond | | | | |
| Other Bonds | | | | |
| | | | | |
| | | | | |



RECREATION & SPORTS

| | | | | |
|----------------------|--|--|--|--|
| | | | | |
| OTHER OPTIONS | | | | |
| | | | | |
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| | | | | |

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