Personal Lines Coverage Checklist

Name _____ Address _____

Home phone ( ) – _____ Office phone ( ) – _____

Revised by _____ Today's date / /

1 = Coverage recommended 2 = Coverage rejected by insured

Primary Residence

1	2	
☐	☐	Effective date ____/____/____
☐	☐	HO Form _____
☐	☐	Deductible: 1. $ 2. $ 3. $
☐	☐	Coverage A. Dwelling $
☐	☐	Other Structures $
☐	☐	Coverage B. Personal Property $
☐	☐	Coverage C. Personal Liability $
☐	☐	Coverage D. Medical Payments $

Property Options

1	2	
☐	☐	Replacement Cost for Personal Property 101
☐	☐	Agreed Amount on Dwellings 102
☐	☐	Residence Glass Coverage 105
☐	☐	Increase Limit Jewelry/Furs 110 $
☐	☐	Increase Business Per. Prop. 111 $
☐	☐	Increase Limit Money/Bankcards 112 $
☐	☐	Increase Limit Bullion/ Val. Pap. 113 $
☐	☐	TV and Radio Antenna 120 $
☐	☐	Windstorm Coverage Greenhouse 121
☐	☐	Windstorm Coverage Cloth Awning 122
☐	☐	Increased Cost & Bldg. Laws ☐ 10% ☐ 15% ☐ 25%
☐	☐	Personal Computer Coverage 126 $
☐	☐	$250 Theft Deductible 130
☐	☐	Wind, Hurricane & Hail Exclusion 140
☐	☐	Exclusion, Residential Community Property 142
☐	☐	Scheduled Personal Property 160 ☐ Incl. Breakage
☐	☐	_____ : $
☐	☐	_____ : $
☐	☐	_____ : $
☐	☐	Additional Extended Coverage 170
☐	☐	Condo Outbuilding Coverage 180 $

Liability Options

1	2	
☐	☐	Personal Injury Coverage 201 ☐ Employment Claims
☐	☐	Office, Private School, Studio 205
☐	☐	Famers Personal Liability 210
☐	☐	Watercraft Liability 215
☐	☐	Business Pursuits Liability 220
☐	☐	Additional Premises Liability 225

Other Options

1	2	
☐	☐	Additional Insured 301 _____
☐	☐	Amend Definition Res. Prem. 305 _____ days
☐	☐	B CON Rental to Others 380
☐	☐	C CON Rental to Others 381
☐	☐	Loss Assessment 382, 310, 315 $
☐	☐	_____
☐	☐	_____

Secondary Residence

1	2	
☐	☐	☐ Occupied ☐ Rented ☐ Rented to Others
☐	☐	Effective date ____/____/____
☐	☐	HO Form: Complete separate checklist _____

Dwelling Fire Policy

1	2	
☐	☐	Dwelling Policy Form: ____ deductible $
☐	☐	Dwelling $
☐	☐	Personal Property $
☐	☐	Liability and Medical Payments Added to Homeowners
☐	☐	Loss of rents TDP-017 (Form 1) $
☐	☐	TDP-018 (Form 2) $ /mo.
☐	☐	Replacement Cost-Personal Property TDP-002
☐	☐	Vacancy Permit TDP-001
☐	☐	Windstorm exclusion TDP-001
☐	☐	Residence Glass TDP-009
☐	☐	Misc. Property Schedule TDP-012: _____
☐	☐	_____

Farm & Ranch/FRO

1	2	
☐	☐	☐ Primary ☐ Secondary ☐ Rental Dwelling
☐	☐	Effective date ____/____/____
☐	☐	**TFR Form:** _____
☐	☐	A. Dwelling $
☐	☐	B. Pers. Property $
☐	☐	C. Farm Bldgs _____ : $
☐	☐	_____ : $
☐	☐	D. Farm Property _____ : $
☐	☐	_____ : $
☐	☐	Misc. Prop. Sched. 062 _____ : $
☐	☐	**FRO Form:** _____
☐	☐	A. Dwelling $
☐	☐	Other Structures _____ : $
☐	☐	B. Personal Property $
☐	☐	C. Personal Liability $
☐	☐	☐ Employees Included
☐	☐	☐ Custom Farming
☐	☐	☐ Animal Collision
☐	☐	D. Med. Payments $
☐	☐	Sched. Prop. 459 _____ : $
☐	☐	_____ : $
☐	☐	**Common Endorsements**
☐	☐	Windstorm Exclusion 440, 051
☐	☐	Replacement Cost Pers. Prop. 401, 052
☐	☐	Agreed Amount 402, 058
☐	☐	Residence Glass 405, 059
☐	☐	Mobile Agricultural Machinery & Equipment 071
☐	☐	_____ : $
☐	☐	_____ : $

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1	2	Farm & Ranch/FRO cont'd.
☐	☐	**TFR Endorsements**
☐	☐	Scheduled Farm Property 077
☐	☐	Additional Named Insurance 057
☐	☐	Loss Payable Clause 060
☐	☐	Vacancy Clause 061
☐	☐	Replacement of Farm Building 063
☐	☐	Fair Rental Value 067, 068 $_____/$_____mo.
☐	☐	Damage by Weight of Ice 069
☐	☐	Optional Deductible 070
☐	☐	Windstorm Deductible 074 $_____
☐	☐	**FRO Endorsements**
☐	☐	Additional Residential Premises 481
☐	☐	Increased Limits on:
☐	☐	☐ Jewelry 410 $_____
☐	☐	☐ Business Personal Property 411
☐	☐	☐ Money 412 $_____
☐	☐	TV & Radio Antenna 420
☐	☐	Personal Computer 426
☐	☐	Scheduled Personal Property 460
☐	☐	_____ : $_____
☐	☐	Additional EC (Form A) 470
☐	☐	Optional "All Risks" 480
☐	☐	Personal Injury Liability 501
☐	☐	Office, Private School, Studio 505
☐	☐	Watercraft Liability 515
☐	☐	Business Pursuits 520
☐	☐	Additional Premises 525
☐	☐	Additional Insured 601: _____
☐	☐	_____

Personal Automobiles

☐	☐	Effective date ____/____/____
☐	☐	Liability; UM/UIM $_____
☐	☐	Med pay $_____
☐	☐	PIP $_____
☐	☐	Collision deductible $_____
☐	☐	Other than Collision deductible $_____
☐	☐	Additional Insured: Lessor 510
☐	☐	Extended Nonowned 511
☐	☐	Tapes, Records 520
☐	☐	Sound Rec./Trans Equipment 521A
☐	☐	Rental Reimbursement 523A
☐	☐	Towing & Labor 524A $_____
☐	☐	☐ Mexico Limited Coverage 551 ☐ Tourist 552A
☐	☐	AD&D 565 $_____
☐	☐	SR-22 Filing 571
☐	☐	Named Nonowner 578
☐	☐	Miscellaneous Vehicles 583
☐	☐	Motor Home Rental 585
☐	☐	_____

Life/Health

☐	☐	Life:
☐	☐	Whole $_____
☐	☐	Term $_____
☐	☐	Universal $_____
☐	☐	IRA $_____
☐	☐	Major Medical $_____
☐	☐	Disability $_____
☐	☐	Long Term Care $_____

Flood

1	2	
☐	☐	Effective date ____/____/____
☐	☐	Building $_____
☐	☐	Contents $_____

Watercraft/Aircraft

☐	☐	Effective date ____/____/____
☐	☐	Liability $_____
☐	☐	Passengers $_____
☐	☐	Med Pay $_____
☐	☐	Physical Damage $_____

Miscellaneous

☐	☐	Umbrella $_____
☐	☐	Earthquake
☐	☐	Inland Marine:
☐	☐	1. _____ : $_____
☐	☐	2. _____ : $_____
☐	☐	3. _____ : $_____
☐	☐	4. _____ : $_____

Describe Other Coverages

_____

The recommended coverages have been discussed with me, and I agree to reject the coverages as indicated:

✗ _____

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