

# Personal Lines Coverage Checklist

Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone ( ) - Office phone ( ) -

Revised by \_\_\_\_\_ Today's date / /

**1** = Coverage recommended    **2** = Coverage rejected by insured

1	2	Primary Residence	1	2	Secondary Residence																								
<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Rented to Others																								
<input type="checkbox"/>	<input type="checkbox"/>	HO Form _____	<input type="checkbox"/>	<input type="checkbox"/>	Effective date _____ / _____ / _____																								
<input type="checkbox"/>	<input type="checkbox"/>	Deductible: 1. \$ _____ 2. \$ _____ 3. \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	HO Form: Complete separate checklist _____																								
		<b>Property Options</b>																											
<input type="checkbox"/>	<input type="checkbox"/>	Coverage A. Dwelling \$ _____	<table style="width:100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left;">Dwelling Fire Policy</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Dwelling Policy Form: _____ deductible \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dwelling \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Personal Property \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Liability and Medical Payments Added to Homeowners</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of rents TDP-017 (Form 1) \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>TDP-018 (Form 2) \$ _____ /mo.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Replacement Cost-Personal Property TDP-002</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Vacancy Permit TDP-001</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Windstorm exclusion TDP-001</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Residence Glass TDP-009</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Misc. Property Schedule TDP-012: _____</td> </tr> </table>			Dwelling Fire Policy		<input type="checkbox"/>	Dwelling Policy Form: _____ deductible \$ _____	<input type="checkbox"/>	Dwelling \$ _____	<input type="checkbox"/>	Personal Property \$ _____	<input type="checkbox"/>	Liability and Medical Payments Added to Homeowners	<input type="checkbox"/>	Loss of rents TDP-017 (Form 1) \$ _____	<input type="checkbox"/>	TDP-018 (Form 2) \$ _____ /mo.	<input type="checkbox"/>	Replacement Cost-Personal Property TDP-002	<input type="checkbox"/>	Vacancy Permit TDP-001	<input type="checkbox"/>	Windstorm exclusion TDP-001	<input type="checkbox"/>	Residence Glass TDP-009	<input type="checkbox"/>	Misc. Property Schedule TDP-012: _____
Dwelling Fire Policy																													
<input type="checkbox"/>	Dwelling Policy Form: _____ deductible \$ _____																												
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<input type="checkbox"/>	Residence Glass TDP-009																												
<input type="checkbox"/>	Misc. Property Schedule TDP-012: _____																												
<input type="checkbox"/>	<input type="checkbox"/>	Other Structures \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Coverage B. Personal Property \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Coverage C. Personal Liability \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Coverage D. Medical Payments \$ _____																											
		<b>Property Options</b>																											
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost for Personal Property 101																											
<input type="checkbox"/>	<input type="checkbox"/>	Agreed Amount on Dwellings 102																											
<input type="checkbox"/>	<input type="checkbox"/>	Residence Glass Coverage 105																											
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Jewelry/Furs 110 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Increase Business Per. Prop. 111 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Money/Bankcards 112 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Increase Limit Bullion/ Val. Pap. 113 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	TV and Radio Antenna 120 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Coverage Greenhouse 121																											
<input type="checkbox"/>	<input type="checkbox"/>	Windstorm Coverage Cloth Awning 122																											
<input type="checkbox"/>	<input type="checkbox"/>	Increased Cost & Bldg. Laws <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25%																											
<input type="checkbox"/>	<input type="checkbox"/>	Personal Computer Coverage 126 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	\$250 Theft Deductible 130																											
<input type="checkbox"/>	<input type="checkbox"/>	Wind, Hurricane & Hail Exclusion 140																											
<input type="checkbox"/>	<input type="checkbox"/>	Exclusion, Residential Community Property 142																											
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled Personal Property 160 <input type="checkbox"/> Incl. Breakage																											
<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	_____ : \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Additional Extended Coverage 170																											
<input type="checkbox"/>	<input type="checkbox"/>	Condo Outbuilding Coverage 180 \$ _____																											
		<b>Liability Options</b>																											
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Coverage 201 <input type="checkbox"/> Employment Claims																											
<input type="checkbox"/>	<input type="checkbox"/>	Office, Private School, Studio 205																											
<input type="checkbox"/>	<input type="checkbox"/>	Farmers Personal Liability 210																											
<input type="checkbox"/>	<input type="checkbox"/>	Watercraft Liability 215																											
<input type="checkbox"/>	<input type="checkbox"/>	Business Pursuits Liability 220																											
<input type="checkbox"/>	<input type="checkbox"/>	Additional Premises Liability 225																											
		<b>Other Options</b>																											
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured 301 _____																											
<input type="checkbox"/>	<input type="checkbox"/>	Amend Definition Res. Prem. 305 _____ days																											
<input type="checkbox"/>	<input type="checkbox"/>	B CON Rental to Others 380																											
<input type="checkbox"/>	<input type="checkbox"/>	C CON Rental to Others 381																											
<input type="checkbox"/>	<input type="checkbox"/>	Loss Assessment 382, 310, 315 \$ _____																											
<input type="checkbox"/>	<input type="checkbox"/>	_____																											
<input type="checkbox"/>	<input type="checkbox"/>	_____																											

