

Commercial Lines Coverage Checklist

Name _____ Address _____

Home phone () - _____ Office phone () - _____

Contact _____ Today's date / /

Package Monoline | Location 1. _____ Building Contents

1 = Coverage recommended | Location 2. _____ Building Contents

2 = Coverage rejected by insured | Location 3. _____ Building Contents

1	2	Property	1	2	Property cont'd.
<input type="checkbox"/>	<input type="checkbox"/>	BS = Basic Form BR = Broad Form SP = Special	<input type="checkbox"/>	<input type="checkbox"/>	Time Element <i>Specify Locations/Blanket</i>
<input type="checkbox"/>	<input type="checkbox"/>	Blanket _____ :\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Business Income & Extra Expense \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Buildings: 1. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Business Income Without E.E. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Extra Expenses \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	3. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Rental Value \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Causes Exclusion: _____	<input type="checkbox"/>	<input type="checkbox"/>	Dependent Property \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Covered Property, 14 10	<input type="checkbox"/>	<input type="checkbox"/>	Tuition Fees \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Building Property, 14 15	<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Property Not Covered, 14 20	<input type="checkbox"/>	<input type="checkbox"/>	Maximum Period of Indemnity Option
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost Option	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Limitation: _____
<input type="checkbox"/>	<input type="checkbox"/>	Agreed Value Option	<input type="checkbox"/>	<input type="checkbox"/>	Agreed Value Option
<input type="checkbox"/>	<input type="checkbox"/>	Inflation Guard _____ %	<input type="checkbox"/>	<input type="checkbox"/>	Extended Period of Indemnity: _____
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Deductible, 03 20 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Ordinary Payroll, 15 10: _____
<input type="checkbox"/>	<input type="checkbox"/>	Debris Removal—Limit, 04 15 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Power, Heat, Ref. Deduction, 15 11: _____
<input type="checkbox"/>	<input type="checkbox"/>	Newly Acquired—Limit, 04 25 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Media, 15 19: _____
<input type="checkbox"/>	<input type="checkbox"/>	Functional Bldg. Valuation, 04 39	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance or Law, 15 31
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance or Law Coverage, 04 05	<input type="checkbox"/>	<input type="checkbox"/>	Off. Premises Services, 15 45
<input type="checkbox"/>	<input type="checkbox"/>	Condominium Association, 00 17	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Condo Unit-Owner, 00 18	General Liability		
<input type="checkbox"/>	<input type="checkbox"/>	Condo Unit-Owners Optional, 04 18	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Legal Liability Coverage, 00 40	<input type="checkbox"/>	<input type="checkbox"/>	General Aggregate \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Builders' Risk, 00 20	<input type="checkbox"/>	<input type="checkbox"/>	Products Aggregate \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Signs, 14 40 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Fire Damage Limit \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Glass Insurance, 00 16	<input type="checkbox"/>	<input type="checkbox"/>	Per Project/Premises Aggregate, 25 03, 25 04
<input type="checkbox"/>	<input type="checkbox"/>	Deductible \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Separate project/premises limit, 25 01
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property:	<input type="checkbox"/>	<input type="checkbox"/>	Employment Practices Exclusion, 21 47
<input type="checkbox"/>	<input type="checkbox"/>	1. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Exclude Products, 21 04
<input type="checkbox"/>	<input type="checkbox"/>	2. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Exclude, x, c, u, 21 42, 21 43
<input type="checkbox"/>	<input type="checkbox"/>	3. <input type="checkbox"/> BS <input type="checkbox"/> BR <input type="checkbox"/> SP \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Exclude Professional
<input type="checkbox"/>	<input type="checkbox"/>	Property of Others (1.c.) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Exclude Intercompany products, 21 41
<input type="checkbox"/>	<input type="checkbox"/>	Leased Property, 14 60 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Exclude: _____
<input type="checkbox"/>	<input type="checkbox"/>	Separation of Coverage, 19 10	<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured: _____
<input type="checkbox"/>	<input type="checkbox"/>	Causes Exclusions: _____	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Liability, 24 08 <i>Deletes exclusion</i>
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Deductible, 03 20 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Products Redefined, 24 07
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost Option	<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Contractual, 22 74
<input type="checkbox"/>	<input type="checkbox"/>	Agreed Value Option	<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation, 24 04
<input type="checkbox"/>	<input type="checkbox"/>	Market Value—Stock, 99 31	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits Liability
<input type="checkbox"/>	<input type="checkbox"/>	Mfg. Consequential Loss, 99 02	Inland Marine		
<input type="checkbox"/>	<input type="checkbox"/>	Mfg. Selling Price, 99 30	<input type="checkbox"/>	<input type="checkbox"/>	Signs, 00 28 \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Functional Valuation, 04 39	<input type="checkbox"/>	<input type="checkbox"/>	Valuable Papers, 00 67 \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Reporting Form, 13 10	<input type="checkbox"/>	<input type="checkbox"/>	Accts. Receivable, 00 66 \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Peak Season, 12 30 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Cameras/Musical (00 21) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Off Premises Power Failure, 04 17 \$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Incl. Transmission Lines			
<input type="checkbox"/>	<input type="checkbox"/>	Spoilage Coverage, 04 40			

1		2		Inland Marine cont'd.		1		2		Business Auto cont'd.	
<input type="checkbox"/>	<input type="checkbox"/>	Phys. & Surg. Equip., 00 26		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Towing & Labor				
<input type="checkbox"/>	<input type="checkbox"/>	Fine Arts		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	TxDOT Filing				
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Floater		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Mexico Coverage Limited, 04 07				
<input type="checkbox"/>	<input type="checkbox"/>	Installation Floater		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	Builders' Risk		\$ _____			Workers' Compensation				
<input type="checkbox"/>	<input type="checkbox"/>	Bailee Liability		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Employers' Liability			\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Motor Truck Cargo		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other States:			_____	
<input type="checkbox"/>	<input type="checkbox"/>	Installment Sales		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Monopolistic State Operations				
<input type="checkbox"/>	<input type="checkbox"/>	Patterns, Dies, Molds		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stopgap Coverage (Employer's Liability)				
<input type="checkbox"/>	<input type="checkbox"/>	Mail		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Operations				
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Cost			<input type="checkbox"/>	<input type="checkbox"/>	USL&HW				
<input type="checkbox"/>	<input type="checkbox"/>	Additionally Covered Property			<input type="checkbox"/>	<input type="checkbox"/>	Maritime				
<input type="checkbox"/>	<input type="checkbox"/>	Reporting			<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Compensation				
		Crime			<input type="checkbox"/>	<input type="checkbox"/>	Sole Proprietor, Officers, Partners Coverage				
<input type="checkbox"/>	<input type="checkbox"/>	A. Employee Dishonesty		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation				
<input type="checkbox"/>	<input type="checkbox"/>	B. Forgery/Alteration		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Employer				
<input type="checkbox"/>	<input type="checkbox"/>	C. M&S Inside		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Notice of Material Change Endorsement				
<input type="checkbox"/>	<input type="checkbox"/>	M&S Outside		\$ _____							
<input type="checkbox"/>	<input type="checkbox"/>	D. Robbery		\$ _____			Electronic Equipment Protection				
<input type="checkbox"/>	<input type="checkbox"/>	Safe Burglary		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Hardware \$ _____			Media \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	E. Premises Burglary		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Business Interruption			\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	H. Premises Theft		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Extra Expenses			\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Robbery		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Breakdown				
<input type="checkbox"/>	<input type="checkbox"/>	I. Robbery Safe Burglary Form Q			<input type="checkbox"/>	<input type="checkbox"/>	Electrical Injury				
		Boiler & Machinery			<input type="checkbox"/>	<input type="checkbox"/>	Automatic Extinguisher				
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>	Interruption of Power Off Premises				
<input type="checkbox"/>	<input type="checkbox"/>	Object Form					Miscellaneous				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Including Production, 00 31			<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Liability			\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excluding Production, 00 30			<input type="checkbox"/>	<input type="checkbox"/>	Professional Liability				
<input type="checkbox"/>	<input type="checkbox"/>	Small Business B&M			<input type="checkbox"/>	<input type="checkbox"/>	Flood				
<input type="checkbox"/>	<input type="checkbox"/>	Small Business--Broad Form			<input type="checkbox"/>	<input type="checkbox"/>	Earthquake				
<input type="checkbox"/>	<input type="checkbox"/>	Spoilage		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Difference in Conditions				
<input type="checkbox"/>	<input type="checkbox"/>	Business Interruption		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Directors & Officers Liability				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Actual Loss Sustained			<input type="checkbox"/>	<input type="checkbox"/>	Watercraft				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valued Forms			<input type="checkbox"/>	<input type="checkbox"/>	Aircraft				
<input type="checkbox"/>	<input type="checkbox"/>	Extra Expense		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Fiduciary Liability <input type="checkbox"/> Incl. Employee Benefit Mgmt.				
<input type="checkbox"/>	<input type="checkbox"/>	Explosion Elimination			<input type="checkbox"/>	<input type="checkbox"/>	Employment Practices Liability				
<input type="checkbox"/>	<input type="checkbox"/>	Deductible		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Impairment Liability				
		Business Auto			<input type="checkbox"/>	<input type="checkbox"/>	Foreign Products/Operations				
<input type="checkbox"/>	<input type="checkbox"/>	Liability <input type="checkbox"/> Hired/Nonowned Only		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Discontinued Products/Operations				
<input type="checkbox"/>	<input type="checkbox"/>	Med Pay/PIP		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Bonds				
<input type="checkbox"/>	<input type="checkbox"/>	UM/UIM		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Life				
<input type="checkbox"/>	<input type="checkbox"/>	Other Than Collision		deductible \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Health				
<input type="checkbox"/>	<input type="checkbox"/>	Specified Causes			<input type="checkbox"/>	<input type="checkbox"/>	Disability Income				
<input type="checkbox"/>	<input type="checkbox"/>	Collision		deductible \$ _____	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	Individual Named Insured, 99 17:		_____			<p>The recommended coverages have been discussed with me, and I agree to reject the coverages indicated:</p> <p><input checked="" type="checkbox"/> _____</p>				
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured--Lessor, 20 01		_____							
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured:		_____							
<input type="checkbox"/>	<input type="checkbox"/>	Employees as Insureds, 99 33									
<input type="checkbox"/>	<input type="checkbox"/>	Drive Other Car, 99 10:		_____							
<input type="checkbox"/>	<input type="checkbox"/>	Garagekeepers, 99 37									
<input type="checkbox"/>	<input type="checkbox"/>	Hired Car Physical Damage									
<input type="checkbox"/>	<input type="checkbox"/>	Sound Receiving/Trans. Equipment/Stereos, 99 08									
<input type="checkbox"/>	<input type="checkbox"/>	Tapes & Records, 99 30									
<input type="checkbox"/>	<input type="checkbox"/>	Rental Reimbursement, 99 23A									



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