

# CHECKLIST: COVERAGE

## Coverage Checklist

Ensure that these coverages are on your policy:

	NO	YES
Special cause of loss form on your building(s)	<input type="checkbox"/>	<input type="checkbox"/>
Special cause of loss form on your contents	<input type="checkbox"/>	<input type="checkbox"/>
Replacement cost coverage on your contents	<input type="checkbox"/>	<input type="checkbox"/>
Replacement cost coverage on your antiques	<input type="checkbox"/>	<input type="checkbox"/>
Worldwide protection for your business and personal contents	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income coverage: Including off-premises power failure with overhead lines coverage and no waiting period before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>
Guest relocation coverage	<input type="checkbox"/>	<input type="checkbox"/>
Loss of use and additional living expense coverage	<input type="checkbox"/>	<input type="checkbox"/>
Coverage for back-up of sewer and drains	<input type="checkbox"/>	<input type="checkbox"/>
Ordinance or law coverage	<input type="checkbox"/>	<input type="checkbox"/>
Guest property coverage	<input type="checkbox"/>	<input type="checkbox"/>
Extra expense and consequential loss coverage	<input type="checkbox"/>	<input type="checkbox"/>
Building glass pane coverage with no dollar limitations	<input type="checkbox"/>	<input type="checkbox"/>
Automatic coverage for accidental breakage of fragile articles	<input type="checkbox"/>	<input type="checkbox"/>
Coverage for damage to downspouts and gutters caused by weight of snow, sleet and ice	<input type="checkbox"/>	<input type="checkbox"/>

	NO	YES
Coverage for outdoor furniture, trees, fences, satellite dishes, antennas and signs (on and off premises)	<input type="checkbox"/>	<input type="checkbox"/>
Food spoilage coverage	<input type="checkbox"/>	<input type="checkbox"/>
Food spoilage coverage caused by mechanical breakdown	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical breakdown coverage on all of your inn's mechanical devices	<input type="checkbox"/>	<input type="checkbox"/>
Automatic coverage for building renovations and/or additions, including theft of building materials	<input type="checkbox"/>	<input type="checkbox"/>
Money and securities coverage, employee dishonesty coverage, and forgery or alteration coverage	<input type="checkbox"/>	<input type="checkbox"/>
Accounts receivable coverage	<input type="checkbox"/>	<input type="checkbox"/>
Business and personal liability coverage with limits of \$2,000,000 aggregate and \$1,000,000 occurrence	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 liquor liability full coverage (not the limited host liquor liability form)	<input type="checkbox"/>	<input type="checkbox"/>
Non-owned car coverage	<input type="checkbox"/>	<input type="checkbox"/>

continued



# CHECKLIST: COVERAGE

## Coverage Checklist cont.

Contents limit: \_\_\_\_\_ Coinsurance amount: \_\_\_\_\_

Will I be subject to a coinsurance penalty on my contents in the event of a partial loss? No \_\_\_\_\_ Yes \_\_\_\_\_

Business income limit: \_\_\_\_\_ Coinsurance amount: \_\_\_\_\_

Will I be subject to a coinsurance penalty on my business income in the event of a partial loss? No \_\_\_\_\_ Yes \_\_\_\_\_

Current limit of insurance on the building: \_\_\_\_\_

Actual rebuild value of the building: \_\_\_\_\_

Current coinsurance percentage: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

