

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: | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |



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: _____

