

Instructions:

Agent: The coverages listed below are suggested for consideration for eating or drinking places. After evaluating each of the listed coverages, check the recommended blank by those that apply specifically to this client. Make sure both the exposure and the coverage are explained to the client. Each coverage and option is explained in the Definitions section of this program.

Client: For each of the coverages that the agent has recommended, initial whether you have chosen to accept or reject that coverage in the blanks provided.

CLIENT / AGENT COVERAGE AGREEMENT

PROPERTY COVERAGES

	Recommend	Accept	Reject	Not Applicable
--	-----------	--------	--------	----------------

Building and Personal Property Coverage Form

Building	_____	_____	_____	_____
Business Personal Property	_____	_____	_____	_____
Personal Property of Others	_____	_____	_____	_____
Improvements and Betterments	_____	_____	_____	_____

Condominium Coverage Form

Condo-Unit Owners Coverage	_____	_____	_____	_____
----------------------------	-------	-------	-------	-------

Commercial Output Policy

Building and Personal Property Coinsurance

Percentages	None	80%	90%	100%	_____	_____	_____	_____
Bldg	_____	_____	_____	_____	_____	_____	_____	_____
BPP	_____	_____	_____	_____	_____	_____	_____	_____
PPO	_____	_____	_____	_____	_____	_____	_____	_____
I & B	_____	_____	_____	_____	_____	_____	_____	_____

Alternatives to Coinsurance

Agreed Value	_____	_____	_____	_____
Functional Replacement Cost	_____	_____	_____	_____
Peak Season	_____	_____	_____	_____
Reporting Form	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Optional Property Coverages

Boiler and Machinery	_____	_____	_____	_____
Legal Liability	_____	_____	_____	_____

Optional Property Endorsements

Additional Debris Removal	_____	_____	_____	_____
Ordinance or Law	_____	_____	_____	_____
Outdoor Trees, Shrubs and Plants Enhancement	_____	_____	_____	_____
Replacement Cost Valuation	_____	_____	_____	_____
Spoilage	_____	_____	_____	_____
Utility Services-Direct Damage	_____	_____	_____	_____

Other Property Options

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TIME ELEMENT COVERAGES

	Recommend	Accept	Reject	Not Applicable
Business Income With Extra Expense Coinsurance Percentage _____	_____	_____	_____	_____
Business Income Without Extra Expense Coinsurance Percentage _____	_____	_____	_____	_____
Extra Expense	_____	_____	_____	_____
Leasehold Interest	_____	_____	_____	_____

Alternatives to Coinsurance

Agreed Value	_____	_____	_____	_____
Maximum Period of Indemnity	_____	_____	_____	_____
Monthly Limit of Indemnity	_____	_____	_____	_____
Premium Adjustment	_____	_____	_____	_____

Optional Time Element Endorsements

Business Income from Dependent Properties	_____	_____	_____	_____
Ordinance or Law Increased Period of Restoration	_____	_____	_____	_____
Utility Services	_____	_____	_____	_____

Other Time Element Coverages

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY AND TIME ELEMENT CAUSES OF LOSS

	Recommend	Accept	Reject	Not Applicable
Bldg BPP PPO BI EE				
Basic	_____	_____	_____	_____
Broad	_____	_____	_____	_____
Special	_____	_____	_____	_____
Earthquake	_____	_____	_____	_____
Flood	_____	_____	_____	_____

Other Cause of Loss Endorsements

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INLAND MARINE COVERAGES

	Recommend	Accept	Reject	Not Applicable
Accounts Receivable	_____	_____	_____	_____
Bailees Customer	_____	_____	_____	_____
Builders Risk	_____	_____	_____	_____
Commercial Articles	_____	_____	_____	_____
Difference In Conditions – DIC	_____	_____	_____	_____
Electronic Data Processing	_____	_____	_____	_____

Fine Arts	_____	_____	_____	_____
Goods in Transit	_____	_____	_____	_____
Signs (Neon and Electric)	_____	_____	_____	_____
Valuable Papers and Records	_____	_____	_____	_____

Other Inland Marine Coverages

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIME COVERAGES

	Recommend	Accept	Reject	Not Applicable
--	------------------	---------------	---------------	-----------------------

Money, Securities and Other Property

Employee Dishonesty Coverage	_____	_____	_____	_____
Including Customer's Goods	_____	_____	_____	_____
Computer Fraud Coverage	_____	_____	_____	_____
Extortion Coverage	_____	_____	_____	_____
Forgery or Alterations Coverage	_____	_____	_____	_____
Lessees of Safe Deposit Boxes Coverage (Securities and Other Property only)	_____	_____	_____	_____

Money and/or Securities Only

Theft, Disappearance and Destruction	_____	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____	_____
Securities Deposited With Others Coverage	_____	_____	_____	_____

Property other than Money and Securities

Premises Burglary	_____	_____	_____	_____
Premises Theft	_____	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____	_____

Other Crime Coverages

_____	_____	_____	_____
-------	-------	-------	-------

LIABILITY COVERAGES

	Recommend	Accept	Reject	Not Applicable
Commercial General Liability				
Occurrence Basis	_____	_____	_____	_____
Claims- Made Basis	_____	_____	_____	_____

Optional Liability Coverages

Directors and Officers	_____	_____	_____	_____
Employee Benefits	_____	_____	_____	_____
Employment- Related Practices	_____	_____	_____	_____
Liquor	_____	_____	_____	_____
Owners and Contractors Protective	_____	_____	_____	_____
Railroad Protective	_____	_____	_____	_____
Special Events	_____	_____	_____	_____

Other Liability Coverages

COMMERCIAL AUTO COVERAGES

	Recommend	Accept	Reject	Not Applicable
Liability	_____	_____	_____	_____
Physical Damage	_____	_____	_____	_____
Uninsured Motorists	_____	_____	_____	_____
Underinsured Motorist	_____	_____	_____	_____
Hired Cars	_____	_____	_____	_____
Non-Ownership Auto	_____	_____	_____	_____
P.I.P./No-Fault	_____	_____	_____	_____
Garagekeepers	_____	_____	_____	_____

Other Auto Coverages

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORKERS COMPENSATION COVERAGES

	Recommend	Accept	Reject	Not Applicable
Workers Compensation and Employers Liability	_____	_____	_____	_____
Stop Gap or Employers Liability Coverage	_____	_____	_____	_____
Federal Employers Liability Act	_____	_____	_____	_____
Longshore and Harbor Workers Coverage	_____	_____	_____	_____
Voluntary Compensation	_____	_____	_____	_____

Other Workers Compensation Endorsements

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXCESS LIABILITY COVERAGES

	Recommend	Accept	Reject	Not Applicable
Umbrella Policy	_____	_____	_____	_____
Excess Liability Policy	_____	_____	_____	_____

AVIATION COVERAGES

Aircraft Policy	_____	_____	_____	_____
Passenger Liability	_____	_____	_____	_____

SPECIALTY COVERAGES

Environmental Impairment Liability Policy	_____	_____	_____	_____
Fiduciary Liability Insurance	_____	_____	_____	_____
International/Foreign Operations Insurance	_____	_____	_____	_____
Rain or Weather Insurance	_____	_____	_____	_____

Terrorism Insurance _____

Underground Storage Tank Liability – UST _____

Other _____

BONDS

Bid Bond _____

Contract Bond _____

License Bond _____

Other _____

Other Options

Comments

I certify that I have reviewed my coverage needs in accordance with this checklist with my agent and I have accepted or rejected the recommended coverages as indicated by my initials in the spaces above.

Signature of Client _____ Date _____

Title _____

I certify that I have reviewed the coverages outlined in this checklist with my client and that the initials of the client indicate the acceptance or rejection of the coverages recommended.

Signature of Agent _____ Date _____