

Category: Manufacturing **Risk:** Apparel and Other - NOC

Instructions:

Agent: The coverages listed below are suggested for consideration for manufacturers. 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	_____	_____	_____	_____
Contractors Equipment	_____	_____	_____	_____
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				
Professional/E&O Liability				
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