

Commercial Lines Coverage Checklist



The following template for a Commercial Lines Coverage Checklist sets out a range of provisions that could be included and/or customized as appropriate for your operation/business.

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Insured Name: _____

	Not Requested	Insured's Request	Discussed & Rejected
Property			
Limit - Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit - Business Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form (Basic/Broad/Special)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coinsurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual Cash Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Replacement Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interruption			
Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coinsurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual Loss Sustained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler & Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Endorsements			
Valuable Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money & Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordinance or Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Data Processing (EDP) Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial as page 1 of 3: _____

Continued

	Not Requested	Insured's Request	Discussed & Rejected
Transit Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoilage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment/Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builders Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difference in Conditions (D.I.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime			
Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgery & Alteration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft, Disappearance & Destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery & Safe Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises Theft & Outside Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Liability			
Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella/Excess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile			
Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured Motorist Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hired Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-owned Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towing & Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Requested	Insured's Request	Discussed & Rejected
Full Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Liability			
Garage Keeper Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Keepers Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealers Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation			
Other States Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Benefit Law (DBL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous			
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Practices Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse & Molestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read the above checklist and have had each area of coverage explained to me to my satisfaction. None of the categories of coverage are left blank. I understand that if any of my exposures or any of my coverage preferences change, it is **my responsibility** to notify the _____ . I acknowledge it is my responsibility to choose proper coverage. I have received and reviewed a copy of the _____ Disclosure Statement.

 Insured's Signature Date

 Witness Date

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