

# Commercial Account Summary — Data Sheet

OTHER BUSINESS		
PL	LIFE	

Date \_\_\_\_\_

Account Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Producer \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Description \_\_\_\_\_ Federal ID # \_\_\_\_\_

Entity:  Corporation  Partnership  Sole Proprietor  
 Limited Liability Corporation  Other \_\_\_\_\_ SIC # \_\_\_\_\_

## MANAGEMENT: Officers, Partners, Principals

Name	Title	Company Responsibilities

First Named Insured \_\_\_\_\_

Person responsible for insurance \_\_\_\_\_ Date business began \_\_\_\_\_

## LOCATIONS

No.	Address	Operations	Number of Employees	Phone	Owned/Leased

Subsidiary or Affiliated Companies: \_\_\_\_\_

Attorney: \_\_\_\_\_ CPA: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

---



---



---



---



---



---

# COMMERCIAL LINES COVERAGE CHECKLIST

COVERAGE	*1	*2	*3
<b>PROPERTY:</b>			
<b>Direct Damage</b>			
Buildings <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> X-Wind			
Additional Covered Property			
Personal Property of Insured:			
<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> X-Wind			
Leased Equipment			
Tenant's Improvements and Betterments			
Personal Property of Others			
Replacement Cost			
Inflation Guard			
Agreed Value			
Functional Valuation			
Building			
Personal Property			
Blanket			
Value Reporting Form			
Peak Season			
Manufacturers' Selling Price			
Builders' Risk			
Including Collapse			
Including Theft of Building Materials, Fixtures, Machinery, Equipment			
Separate or Sub-Contractor's Interests			
Renovations			
Reporting Form			
Glass			
Property Damage Legal Liability			
Ordinance or Law – Coverage			
<input type="checkbox"/> A <input type="checkbox"/> B and C Combined Limit			
Spoilage Coverage			
Vacancy Permit			
Outdoor Property			
Off-Premises: Utility Services			
<input type="checkbox"/> Water <input type="checkbox"/> Power <input type="checkbox"/> Communications			
<input type="checkbox"/> Include <input type="checkbox"/> Exclude – Overhead Transmission Lines			
Locations Outside of Territory			
Increased Debris Removal			
<b>Indirect Damage</b>			
Business Income Form: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special			
Business Income			
Extra Expense			
Rental Value			
<input type="checkbox"/> Coins. <input type="checkbox"/> Mo. Lim. <input type="checkbox"/> Max. Pd. <input type="checkbox"/> Agreed Value			
Ordinary Payroll: <input type="checkbox"/> Limited <input type="checkbox"/> Excluded			
Premium Adjustment			
Extended Period of Indemnity			
Electronic Media			
Dependent Properties			

COVERAGE	*1	*2	*3
Builders' Risk			
Tuition and Fees			
Business Income Changes – Time Period			
<input type="checkbox"/> 24 Hrs <input type="checkbox"/> No Waiting Period			
Extra Expense Form			
Leasehold Interest Form			
<input type="checkbox"/> Tenants Lease Interest Bonus Payments			
<input type="checkbox"/> Improvements & Betterments <input type="checkbox"/> Prepaid Rent			
Legal Liability Form			
Ordinance or Law			
Overhead Transmission Lines – Off-Premises			
Power/Water/Communications Failure – Off-Premises			
<b>AUTOMOBILE:</b>			
<b>Business Auto</b>			
Liability			
PIP: <input type="checkbox"/> Basic <input type="checkbox"/> Extended <input type="checkbox"/> Additional			
Medical Payments			
Uninsured Motorists: <input type="checkbox"/> Stacked <input type="checkbox"/> Non-stacked			
Physical Damage			
Private Passenger: <input type="checkbox"/> Blanket <input type="checkbox"/> Specified			
Other: <input type="checkbox"/> Blanket <input type="checkbox"/> Specified			
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils			
Collision			
Hired Auto: <input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage			
Non-ownership Liability			
Drive Other Car: <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Children			
Liability			
Medical Payments			
Comprehensive			
Collision			
Uninsured Motorists			
Broadened PIP			
Rental Reimbursement			
Sound Equipment			
Trailers: <input type="checkbox"/> Under <input type="checkbox"/> Over 2,000 lbs.			
<b>Garage</b>			
Liability			
Unlimited Customer Coverage			
Elimination of Completed Operations Deductible			
Broadened Coverage			
Changes in Non-auto Aggregate			
Pickup & Delivery of Autos (non-franchise dealer)			
False Pretense			
Drive-Away Collision			

Checklist continued on the following page

\*1 – ✓ if no exposure; \*2 – ✓ if coverage was recommended and accepted; \*3 – ✓ if coverage was recommended and rejected.

Record date and details on page 4.

## COMMERCIAL LINES COVERAGE CHECKLIST (Continued)

COVERAGE	*1	*2	*3
Garage Uninsured Motorists: <input type="checkbox"/> Stacked <input type="checkbox"/> Non-stacked			
Medical Payments: <input type="checkbox"/> Auto <input type="checkbox"/> Prem. <input type="checkbox"/> Both			
Garagekeepers' Insurance:			
<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary <input type="checkbox"/> Direct Excess			
Dealers Comprehensive			
Dealers Collision			
Discontinued Operations			
<b>Truckers</b>			
Trailer Interchange			
Deadheading			
Bobtailing			
<b>Miscellaneous Vehicles</b>			
<b>WORKERS COMPENSATION:</b>			
Statutory & Employers Liability			
<input type="checkbox"/> Officers excl. <input type="checkbox"/> Sole proprietors, Partners incl.			
Leased Employees			
Volunteers			
Other States			
USL & HW			
Jones Act			
Federal Employees Liability Act			
Outside of Territory			
<b>GENERAL LIABILITY:</b>			
GCL: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made			
Premises/Operations			
Products/Completed Operations			
Personal Injury			
Advertising Injury			
Medical Payments			
Fire Damage Liability – Increase			
Changes in Limits/Aggregate:			
Optional Deductibles: <input type="checkbox"/> BI <input type="checkbox"/> PD			
Mandatory Coverage Modification Endorsement(s):			
Claims-made Options:			
Employment – Related Practices Liability			
Owners & Contractors Protective			
Pollution			
Professional/E&O			
Liquor Liability			
Injury to Leased Workers			
Underground Storage Tank Liability			
Druggists Liability			
Employee Benefits			

COVERAGE	*1	*2	*3
Railroad Protective			
Discontinued Operations			
Outside of Territory			
<b>INLAND MARINE:</b>			
Accounts Receivable			
Valuable Papers			
Computer/Data Processing			
Equipment Floater			
Installation Floater			
Sign Floater			
Motor Truck Cargo			
Bailees Liability			
Bailees Customers			
Dealers Block			
Mail			
Installment Floater			
Fine Arts			
Camera			
Musical Instruments			
Theatrical Equipment			
Physicians & Surgeons			
Film			
Floor Plan			
<b>BOILER &amp; MACHINERY:</b>			
Basic Form			
Consequential Loss Valued Business Income			
Actual Loss Sustained Business Income			
Small Business			
Small Business Broad Form			
<b>CRIME &amp; FIDELITY:</b>			
Employee Dishonesty <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule			
Theft Disappearance & Destruction: <input type="checkbox"/> Inside <input type="checkbox"/> Outside			
Premises Burglary			
Premises Theft			
Robbery & Safe Burglary			
Inside: <input type="checkbox"/> Money <input type="checkbox"/> Other than Money			
Outside: <input type="checkbox"/> Money <input type="checkbox"/> Other than Money			
Forgery & Alteration			
Innkeepers Liability			
Computer Fraud			
<b>OCEAN MARINE:</b>			
Hull			
Protection & Indemnity			
Cargo			
Freight			

Checklist continued on the following page

\*1 – ✓ if no exposure; \*2 – ✓ if coverage was recommended and accepted; \*3 – ✓ if coverage was recommended and rejected.

Record date and details on page 4.

