## Personal Account Summary — Data Sheet

OTHER BUSINESS						
Com'l.	Life					

							Date				
Account I	Name	Acct.	No				Producer	·			<del></del> -
Mailing A	ddress						Phone _				
Home Ad	ldress						Custome	r Sind	ce		
		FAN	MILY DATA								
	NAMES/RELATIONSHIP	SOC. SEC. #	BIRTHDA	ГЕ	DRI	VERS LIC	ENSE #	0	CCUPATION	EMPL	OYER
		PR	OPERTY								
	ADDRESS/LOCATION		PRIN. RES.		EC.	RENTE	D	US	INSURED BY		EXP. DATE
		AUT	OMOBILES								
YR	DEG	CRIPTION					INCIPAL ERATOR	US	INSURED E		EXP. DATE
IK	DES	CRIFTION				OF	ENATOR	03	OTHE	ın.	DATE
	CRAFT: CRIONAL VEHICLE:										
MOBILE	HOME/MOTOR HOME:FT :										
	···-										
	:										
DATE	DESCRIPTION OF		S RECORD			AMT. PAI	<u> </u>		COMMENTS/	NOTES	
DAIL	DESCRIPTION OF	1033			-	AIVII. FAI			COMMENTS	NOTES	
		0050111	MOTRUOTI	2110							
		SPECIAL	INSTRUCTI	UNS							
									Roy 12129 • Tallahass		

## PERSONAL LINES COVERAGE CHECKLIST

EXPOSURE	*1	*2	*3
AUTOMOBILE			
Liability \$			
PIP (Basic)			
☐ Extended (PP 05 66)			
☐ Additional (PP 05 55)			
☐ Work Loss Exclusion \$			
☐ Coordination Military			
Ded: ☐ Named Insured			
☐ Named Insured + Dep. Rel. \$			
Medical Payments \$			
Uninsured Motorists \$			
☐ Stacked ☐ Non-Stacked ☐ Lower Limits			
Comprehensive – Deductible \$			
Collision – Deductible \$			
Extended Non-Owned (PP 03 06)			
CB, Phone, etc. (PP 03 13) \$	$\top$		
Tapes, etc. (PP 03 13)			
Customizing Equipment (PP 03 18) \$			
Optional Limits Transportation Expense (PP 03 02)			
Towing & Labor (PP 03 03)			
Out of Territory (USA, Canada)			
Other Owned Autos/Leased			
Named Non-Owner			
HOMEOWNERS Form: Deductible: \$			
Coverage A – Dwelling \$			
Coverage B – Other Structures \$			
Coverage C – Personal Property \$			
Coverage D – Loss of Use \$			
Coverage E – Liability \$			
Coverage F – Medical Payments \$			
Condominium – Private Coverage A \$			
Special Form – Coverage A (HO 17 32)			
Loss Assessment – Increase or			
Additional Location (HO 04 35) \$			
Unit Owners Rental (HO 17 33)			
Primary Residence – Property Options	$\bot$		
Guaranteed Replacement Cost	$\perp$		
Coverage C Replacement Cost (HO 04 90)	$\bot$		
Inflation Guard (HO 04 46)%			
Increased Limits (HO 04 65):	$\bot$		
Money, Coins, etc. \$	$\perp$		
Securities, Tickets, Stamps \$	$\perp$		
Jewelry, Furs, etc. – Theft \$	$\perp$		
Firearms – Theft \$	$\bot$		
Silverware, Goldware – Theft \$	$\bot$		
Credit Card, Fund Transfer Card,			
Forgery (HO 04 53) \$	1		

EXPOSURE	*1	*2	*3
Scheduled Property (HO 04 61):			
Jewelry			
Furs			
Fine Arts			
Cameras			
Others:			
Additional Interests (HO 04 10)			
Premises Alarm/Fire Protection (HO 04 16)			
Windstorm Protective Devices (HO 04 21)			
Increase Coverage C – Other Residences (HO 04 50)			
Water Backup & Sump Overflow (HO 04 95)			
Refrigerated Property (HO 04 98)	_		
Coverage C – Special Coverage (HO 00 15 & HO 17 32)	_		
Computers – Special Coverage (HO 04 14)	+		
Other Structures – Increase Coverage (HO 04 48) \$			
Other Structures Off Premises (HO 04 91 & HO 04 92)	_		
Ordinance or Law Increased Coverage (HO 04 77)	-		
HO-4: Building Additions & Alterations (HO 04 51) \$			
Earthquake Coverage (HO 04 54)	_		
Windstorm Exclusion (HO 04 94)			
Windstorm Exclusion (no 04 94)			
Drimony Bookdones Linkility Ontions			
Primary Residence – Liability Options			
Personal Injury (HO 24 82)	_		
Watercraft, Jet Ski, Other	_		
□ Own □ Rent			
Physical Damage			
Liability, Medical Payments (HO 24 75)			
Incidental Farming – Residence Premises (HO 24 72)			
Owned Farm Elsewhere (HO 24 73)			
Loss Assessment – Increase or			
Additional Location (HO 04 35) \$			
DUCINECS ACTIVITIES	-		
BUSINESS ACTIVITIES			
Conducted on Residence Premises (HO 04 42)			
Other Structures \$			
Furnishings, Supplies, Equipment \$			
Liability, Medical Payments			
Conducted at Secondary Residence			
(HO 24 43: Liability, Med. Pay. Only)			
Merchandise \$			
Other Business Property			
(HO 04 12 or Inland Marine) \$	+		
Business Pursuits as Employee (HO 24 71)	$\perp$		
Day Care in Home (HO 04 97)	$\bot$		
Other Business Activities – Any Insured	+		
Rental – Landlord			
☐ In Dwelling – Residence Premises			
☐ Other Structure – Residence Premises (HO 04 40)			
Other Legation (HO 24.70)	$\neg$		

☐ Other Location (HO 24 70)

<sup>\*1 – ✓</sup> if no exposure;

<sup>\*2 –</sup>  $\checkmark$  if coverage was recommended and accepted;

<sup>\*3 - ✓</sup> if coverage was recommended and rejected.

## PERSONAL LINES COVERAGE CHECKLIST — Continued

POSURE	*1	*2	*3
Building or Structure \$			
Contents \$			
Loss of Rents \$			
Liability, Medical Payments \$			
Property Loss Assessment \$			
Liability Loss Assessment \$			
Personal Injury (HO 24 82)			
Private Secondary Residence – Owned by or			
Rented to Insured			
Building Coverage – Form: \$			
Other Structures \$			
Contents \$			
Loss of Use \$			
Liability, Medical Payments \$			
Loss Assessment \$			
Building Additions & Alterations (HO 04 49) (rented)			
SCELLANEOUS			
Umbrella			
Other Owned Locations (Explain)			
Inland Marine: Valuable Articles/Collectibles			
Professional Services			
Miscellaneous Land Vehicles or Watercraft			
☐ Own ☐ Rent			
☐ Golf Cart ☐ ATV ☐ Other			
Physical Damage			
Liability, Medical Payments			
Mobile Home/Motor Home			
□ Own □ Rent			
Physical Damage			
Contents			
Auto Exposure			

EXPOSURE	*1	*2	*3
Aircraft, Hang Glider, Hot Air Balloon, etc.			
□ Own □ Rent			
Physical Damage			
Liability, Medical Payments			
FLOOD □ EXCESS FLOOD			
Building			
Contents			
LIFE INSURANCE			
Last Expense Fund			
Mortgage/Rent Fund			
Educational Fund			
Emergency Fund			
Child Care Fund			
Income Fund			
Will			
ACCUMULATION ACCOUNTS/RETIREMENT			
Pensions			
Annuities			
Cash Value Life Insurance			
401(k)			
Other:			
HEALTH INSURANCE			
Group Medical			
Individual Medical			
Dental			
Disability Income			
Medicare Supplements			
Long Term Care			

## **RECORD OF CONTACTS**

					RECORD OF CONTACTS	
DATE				Docu-		
AGENCY INSURED  Called On Phoned In Office Phoned		PERSON	PURPOSE - DISCUSSED - RESULTS	mented By		
Called On	Phoned	In Office	Phoned			