

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 _____

Personal responsible for insurance _____ Date business began _____

LOCATIONS

| No. | Address | Operations | No. of Employees | Phone | Owned/ Lease |
|-----|---------|------------|------------------|-------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Subsidiary or Affiliated Companies: _____

Attorney: _____ CPA: _____

SPECIAL INSTRUCTIONS

COMMERCIAL LINES COVERAGE CHECKLIST

| COVERAGE | *1 | *2 | *3 | COVERAGE | *1 | *2 | *3 |
|--|----|----|----|---|----|----|----|
| PROPERTY: | | | | Builders' Risk | | | |
| Direct Damage | | | | Tuition and Fees | | | |
| Buildings <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> X-Wind | | | | Business Income Changes – Time Period | | | |
| Additional Covered Property | | | | <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 0No Waiting Period | | | |
| Personal Property of Insured: | | | | Extra Expense Form | | | |
| <input type="checkbox"/> Basic <input type="checkbox"/> 0Broad <input type="checkbox"/> Special <input type="checkbox"/> X-Wind | | | | Leasehold Interest Form | | | |
| Leased Equipment | | | | <input type="checkbox"/> Tenants Lease Interest Bonus Payments | | | |
| Tenant's Improvements and Betterments | | | | <input type="checkbox"/> Improvements & Betterments <input type="checkbox"/> Prepaid Rent | | | |
| Personal Property of Others | | | | Legal Liability Form | | | |
| Replacement Cost | | | | Ordinance or Law | | | |
| Inflation Guard | | | | Overhead Transmission Lines – Off-Premises | | | |
| Agreed Value | | | | Power/Water/Communications Failure – Off-Premises | | | |
| Functional Valuation | | | | AUTOMOBILE: | | | |
| Building | | | | Business Auto | | | |
| Personal Property | | | | Liability | | | |
| Blanket | | | | PIP: <input type="checkbox"/> Basic <input type="checkbox"/> Extended <input type="checkbox"/> Additional | | | |
| Value Reporting Form | | | | Medical Payments | | | |
| Peak Season | | | | Uninsured Motorists: <input type="checkbox"/> Stacked <input type="checkbox"/> Non-stacked | | | |
| Manufacturers' Selling Price | | | | Physical Damage | | | |
| Builders' Risk | | | | Private Passenger: <input type="checkbox"/> Blanket <input type="checkbox"/> Specified | | | |
| Including Collapse | | | | Other: <input type="checkbox"/> Blanket <input type="checkbox"/> Specified | | | |
| Including Theft of Building Materials, Fixtures, Machinery, Equipment | | | | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils | | | |
| Separate or Sub-Contractor's Interests | | | | Collision | | | |
| Renovations | | | | Hired Auto: <input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage | | | |
| Reporting Form | | | | Non-ownership Liability | | | |
| Glass | | | | Drive Other Car: <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Children | | | |
| Property Damage Legal Liability | | | | Liability | | | |
| Ordinance or Law – Coverage | | | | Medical Payments | | | |
| <input type="checkbox"/> A <input type="checkbox"/> B and C Combined Limit | | | | Comprehensive | | | |
| Spoilage Coverage | | | | Collision | | | |
| Vacancy Permit | | | | Uninsured Motorists | | | |
| Outdoor Property | | | | Broadened PIP | | | |
| Off-Premises: Utility Services | | | | Rental Reimbursement | | | |
| <input type="checkbox"/> Water <input type="checkbox"/> 0Power <input type="checkbox"/> Communications | | | | Sound Equipment | | | |
| <input type="checkbox"/> Include <input type="checkbox"/> Exclude – Overhead Transmission Lines | | | | Trailers: <input type="checkbox"/> Under <input type="checkbox"/> Over 2,000 lbs. | | | |
| Locations Outside of Territory | | | | Garage | | | |
| Increased Debris Removal | | | | Liability | | | |
| Indirect Damage | | | | Unlimited Customer Coverage | | | |
| Business Income Form: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | | | | Elimination of Completed Operations Deductible | | | |
| Business Income | | | | Broadened Coverage | | | |
| Extra Expense | | | | Changes in Non-auto Aggregate | | | |
| Rental Value | | | | Pickup & Delivery of Autos (non-franchise dealer) | | | |
| <input type="checkbox"/> Coins. <input type="checkbox"/> 0Mo. Lim. <input type="checkbox"/> 0Max. Pd. <input type="checkbox"/> 0Agreed Value | | | | False Pretense | | | |
| Ordinary Payroll: <input type="checkbox"/> Limited <input type="checkbox"/> Excluded | | | | Drive-Away Collision | | | |
| Premium Adjustment | | | | | | | |
| Extended Period of Indemnity | | | | | | | |
| Electronic Media | | | | | | | |
| Dependent Properties | | | | | | | |

*1-√ if no exposure; *2 √ if coverage was recommended and accepted; *3 - √ if coverage was recommended and rejected

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 | | | |
| | | | |
| Truckers | | | |
| Trailer Interchange | | | |
| Deadheading | | | |
| Bobtailing | | | |
| | | | |
| Miscellaneous Vehicles | | | |
| | | | |
| WORKERS COMPENSATION: | | | |
| 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 | | | |
| | | | |
| GENERAL LIABILITY: | | | |
| 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 | | | |
| | | | |
| INLAND MARINE: | | | |
| 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 | | | |
| | | | |
| BOILER & MACHINERY: | | | |
| Basic Form | | | |
| Consequential Loss Valued Business Income | | | |
| Actual Loss Sustained Business Income | | | |
| Small Business | | | |
| Small Business Broad Form | | | |
| | | | |
| CRIME & FIDELITY: | | | |
| Employee Dishonesty <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule | | | |
| Theft Disappearance & Destruction: 0Inside 0Outside | | | |
| Premises Burglary | | | |
| Premises Theft | | | |
| Robbery & Safe Burglary | | | |
| Inside: <input type="checkbox"/> Money <input type="checkbox"/> Other than Money | | | |
| Outside: 0Money 0Other than Money | | | |
| Forgery & Alteration | | | |
| Innkeepers Liability | | | |
| Computer Fraud | | | |
| | | | |
| OCEAN MARINE: | | | |
| Hull | | | |
| Protection & Indemnity | | | |
| Cargo | | | |
| Freight | | | |
| | | | |

*1-√ if no exposure; *2 √ if coverage was recommended and accepted; *3 - √ if coverage was recommended and rejected

| COVERAGE | *1 | *2 | *3 |
|---|----|----|----|
| MISCELLANEOUS: | | | |
| Flood <input type="checkbox"/> Excess Flood | | | |
| Umbrella Liability/excess Liability | | | |
| Difference in Conditions | | | |
| Directors & Officers | | | |
| Computer/Data Processing | | | |
| Aviation | | | |
| Watercraft | | | |
| | | | |
| LIFE: | | | |
| Group | | | |
| Individual | | | |
| Business | | | |
| Buy/Sell | | | |
| Key Employee | | | |
| Other: | | | |
| | | | |
| HEALTH: | | | |
| HMO | | | |

| COVERAGE | *1 | *2 | *3 |
|---|----|----|----|
| Major Medical: <input type="checkbox"/> Group <input type="checkbox"/> Individual | | | |
| Dental: <input type="checkbox"/> Group <input type="checkbox"/> Individual | | | |
| Other: | | | |
| | | | |
| DISABILITY INCOME: | | | |
| Short Term: <input type="checkbox"/> Group <input type="checkbox"/> Individual | | | |
| Long Term: <input type="checkbox"/> Group <input type="checkbox"/> Individual | | | |
| Business Overhead | | | |
| Key Employee | | | |
| Other: | | | |
| | | | |
| RETIREMENTS: | | | |
| Pension Plan | | | |
| Keogh | | | |
| IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth | | | |
| 401(k) | | | |
| TSA | | | |
| Employee Stock Ownership | | | |
| Other: | | | |

The undersigned Client hereby acknowledges that the undersigned Insurance Producer has performed a comprehensive review of exposures and coverages, and that the Client has made an informed choice to purchase the insurance coverages Client wants to purchase.

Client _____ Date _____

Insurance
Producer _____ Date _____