



PERSONAL LINES COVERAGE CHECKLIST

Name: _____

Address: _____

Address: _____

Phone home: _____ work: _____

Cell: _____ e-mail: _____

Named Insured socialsecurity: _____ DOB: _____ Lic: _____

Spouse or other social security: _____ DOB: _____ Lic: _____

Other occupants or drivers: _____ DOB: _____ Lic: _____

Other occupants or drivers: _____ DOB: _____ Lic: _____

Residence location: _____

Year built: _____ Updates: Wire: ___ Roof: ___ Heat: ___

Coverage A: _____ Sq Ftg: _____

Coverage C: _____

Liability: _____

Med Pay: _____

Deductible: _____

Other Structure exposure:

HO-4 & 6 Building Additions & Alterations: _____

Earthquake: _____

Trampoline: _____

Personal Injury: _____

Pool inground/above _____

Watercraft: _____ owned or rented

Fenced: yes ___ no ___

Incidental Farm: _____

Hydrant: _____ feet

Owned Farm off premises: _____

Fire Dept: _____ miles

Loss Assessment: _____

Protective Device: _____

Business Activities: _____

Local: ___ Central: ___

Rental-Landlord Location: _____

Dwell or condo coverage A: _____

Other Structures: _____

Coverage C: _____

Loss of rents: _____

Liability: _____

Loss Assessment: _____



AUTOMOBILE:

Liability: _____ Med Pay: _____

PIP: _____ UM/UIM: _____

UMPD: _____

Comp ded: _____ Coll ded: _____

Customized equip: \$ _____ Rental: _____

Towing: _____

Auto #1: year: _____ make: _____ model: _____

VIN# _____

Auto #2: year: _____ make: _____ model: _____

VIN# _____

Auto #3: year: _____ make: _____ model: _____

VIN# _____

Auto #4: year: _____ make: _____ model: _____

VIN# _____

Auto #5: year: _____ make: _____ model: _____

VIN# _____

SCHEDULED PROPERTY:

Jewelry: \$ _____

Furs: \$ _____

Fine Arts: \$ _____

Cameras: \$ _____

Collectables: \$ _____

Other: \$ _____

PERSONAL UMBRELLA:

Other locations insured elsewhere: _____

Other insurance elsewhere: _____

Professional Services: _____

Volunteer position: _____

Golf Cart: _____

Mobile Home: _____

FLOOD: Zone: _____ Community #: _____



Refer other services...

LIFE INSURANCE: _____ PENSIONS: _____ ANNUITIES: _____

HEALTH INSURANCE: _____

Group _____ Individual _____

Dental _____

Vision _____

Disability Income _____

Prepared By: _____ Date: _____

Producer _____

Renewal date: _____ Carrier: _____

Current Premium: Auto: _____ Homeowners: _____

MVR Activity:

Driver #1

Driver #2

Driver #3

Driver #4

TFILED: