



Customer Name: _____

Customer Address: _____

Coverage	No Exposure	Coverage- Reviewed Accepted	Coverage- Reviewed Not Accepted
Automobile			
Bodily Injury Limits			
PIP (Med/Wage)			
Uninsured/Underinsured			
Limited Property Damage			
Comprehensive			
Full Glass Coverage			
Collision (Broad, Regular, Limited)			
Extended Non-Owned/Broadened			
Customizing Equipment			
Rental Reimbursement			
Roadside Assistance/Towing			
Loan/Lease Gap			
Snow Plow/Cap			
Other Owned Autos			
MOTORCYCLE Med Pay			
Rental Car Coverage (Gaps)			
Uber/Lyft/Delivery			
Homeowners:		Covg. 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			
Optional Endorsements			
Water/Sewer Back Up			
Guaranteed/Limited Replace Cost			
Personal Property Replace Cost			
Special Personal Property Covg			
Other Structures – Increase Limits			
Ordinance or Law Coverage			
Matching of Siding/Roofing			
Identity Theft Coverage			
Equipment Breakdown			
Service Line			
Scheduled Personal Property			
Jewelry Blanket (AO Only)			
HOA/Loss Assessment Covg			
Primary Residence – Liability Options			
Add’l Premise Occ or Rent Others			
Incidental Farming			
Accidental Death Benefit			
Watercraft, Jet Ski			
Rec Vehicles, Golf Carts, Tractor			



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Coverage	No Exposure	Coverage- Reviewed Accepted	Coverage- Reviewed Not Accepted
Business Pursuits			
Seasonal or Secondary Home		Covg. Form:	Deductible:
Coverage A: Dwelling			
Coverage B: Outbuildings			
Coverage C: Personal Property			
Coverage D: Loss of Use			
Coverage E/F: Liability/Med Payments			
Umbrella			
Limit of Liability			
Uninsured/Underinsured			
Flood			
Life Insurance			
Health Insurance			

Home Inspection Acknowledgement: I understand my insurance company may hire an inspector to inspect my home and property. Once the inspection has been completed, if differences exist, my insurance company may update my policy to reflect the inspection report results. In addition, if they inspection notes significant issues in regards to the condition of my home or property, or in which do not meet the underwriting guidelines, my insurance company may provide time to correct the condition(s) to avoid possible termination of the policy.

Additional Household Members: All household members, drivers, and regular operators have been disclosed and are listed on the signed application. I understand it is my responsibility to report any additional household members or drivers or any other material changes within 30 days. I also understand that failure to do so could result in a denied claim.

Named Insured Signature

Date

Agent Signature

Date