

# Personal Account Summary — Data Sheet

OTHER BUSINESS		
Com'l.	Life	

Date \_\_\_\_\_

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

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

Home Address \_\_\_\_\_ Customer Since \_\_\_\_\_

## FAMILY DATA

NAMES/RELATIONSHIP	SOC. SEC. #	BIRTHDATE	DRIVERS LICENSE #	OCCUPATION	EMPLOYER

## PROPERTY

ADDRESS/LOCATION	PRIN. RES.	SEC. RES.	RENTED OUT	INSURED BY		EXP. DATE
				US	OTHER	

## AUTOMOBILES

YR	DESCRIPTION	PRINCIPAL OPERATOR	INSURED BY		EXP. DATE
			US	OTHER	

WATERCRAFT: \_\_\_\_\_

RECREATIONAL VEHICLE: \_\_\_\_\_

MOBILE HOME/MOTOR HOME: \_\_\_\_\_

AIRCRAFT: \_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_ :

## LOSS RECORD

DATE	DESCRIPTION OF LOSS	AMT. PAID	COMMENTS/NOTES

## SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL LINES COVERAGE CHECKLIST

EXPOSURE	*1	*2	*3
<b>AUTOMOBILE</b>			
Liability \$			
PIP (Basic)			
<input type="checkbox"/> Extended (PP 05 66)			
<input type="checkbox"/> Additional (PP 05 55)			
<input type="checkbox"/> Work Loss Exclusion \$			
<input type="checkbox"/> Coordination Military			
Ded: <input type="checkbox"/> Named Insured			
<input type="checkbox"/> Named Insured + Dep. Rel. \$			
Medical Payments \$			
Uninsured Motorists \$			
<input type="checkbox"/> Stacked <input type="checkbox"/> Non-Stacked <input type="checkbox"/> Lower Limits			
Comprehensive – Deductible \$			
Collision – Deductible \$			
Extended Non-Owned (PP 03 06)			
CB, Phone, etc. (PP 03 13) \$			
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			
<b>HOMEOWNERS</b> 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 \$			
<b>Condominium – Private</b> Coverage A \$			
Special Form – Coverage A (HO 17 32)			
Loss Assessment – Increase or Additional Location (HO 04 35) \$			
Unit Owners Rental (HO 17 33)			
<b>Primary Residence – Property Options</b>			
Guaranteed Replacement Cost			
Coverage C Replacement Cost (HO 04 90)			
Inflation Guard (HO 04 46) _____ %			
Increased Limits (HO 04 65):			
Money, Coins, etc. \$			
Securities, Tickets, Stamps \$			
Jewelry, Furs, etc. – Theft \$			
Firearms – Theft \$			
Silverware, Goldware – Theft \$			
Credit Card, Fund Transfer Card, Forgery (HO 04 53) \$			

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)			
<b>Primary Residence – Liability Options</b>			
Personal Injury (HO 24 82)			
Watercraft, Jet Ski, Other			
<input type="checkbox"/> Own <input type="checkbox"/> 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) \$			
<b>BUSINESS ACTIVITIES</b>			
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)			
Day Care in Home (HO 04 97)			
Other Business Activities – Any Insured			
<b>Rental – Landlord</b>			
<input type="checkbox"/> In Dwelling – Residence Premises			
<input type="checkbox"/> Other Structure – Residence Premises (HO 04 40)			
<input type="checkbox"/> Other Location (HO 24 70)			

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

Checklist continued on the following page

Record date and details on page 4.



