

Name	Address		
Home phone      )      –	Office phone      )      –		
Revised by	Today's date    /    /		

<b>Primary Residence</b>		<b>Secondary Residence</b>	
<input type="checkbox"/>	Effective date _____ / ____ / ____	<input type="checkbox"/>	<input type="checkbox"/> Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Rented to Others
<input type="checkbox"/>	HO Form _____	<input type="checkbox"/>	Location _____
<input type="checkbox"/>	Deductible: \$_____	<input type="checkbox"/>	Effective date _____ / ____ / ____
<input type="checkbox"/>	Coverage A. Dwelling \$_____	<input type="checkbox"/>	Complete separate checklist _____
<input type="checkbox"/>	Coverage B. Other Structures \$_____		
<input type="checkbox"/>	Coverage C. Personal Property \$_____	<b>Dwelling Fire Policy</b>	
<input type="checkbox"/>	Coverage D. Loss of Use \$_____	<input type="checkbox"/>	Dwelling Policy Form: _____ Deductible \$_____
<input type="checkbox"/>	Coverage E. Personal Liability \$_____	<input type="checkbox"/>	A. Dwelling \$_____
<input type="checkbox"/>	Coverage F. Medical Payments \$_____	<input type="checkbox"/>	B. Other Structures \$_____
<b>Property Options</b>		<input type="checkbox"/>	C. Personal Property \$_____
<input type="checkbox"/>	Replacement Cost for Personal Property HO 23 04	<input type="checkbox"/>	D. Fair Rental Value \$_____
<input type="checkbox"/>	Specified Additional Amount on Dwelling HO 04 20 _____ %	<input type="checkbox"/>	Liability and Medical Payments Added to Homeowners
<input type="checkbox"/>	Increase Limit Jewelry/Furs/etc. HO 04 65 \$_____	<input type="checkbox"/>	Replacement Cost Buildings DP 00 08
<input type="checkbox"/>	Increase Business Per. Prop. HO 04 12 \$_____	<input type="checkbox"/>	Windstorm exclusion DP 05 51
<input type="checkbox"/>	Special Computer Coverage HO 04 72 \$_____	<input type="checkbox"/>	Windstorm or Hail Deductible DP 03 12
<input type="checkbox"/>	Wind and Hail Exclusion HO 04 70	<input type="checkbox"/>	Broad Theft Coverage DP 04 72: On-Premises \$_____
<input type="checkbox"/>	Exclusion, Residential Community Property HO 42 10		Off-Premises \$_____
<input type="checkbox"/>	Scheduled Personal Property HO 04 60 (Inc. Breakage <input type="checkbox"/> ) \$_____	<input type="checkbox"/>	Foundation Coverage DP 05 56 _____
<input type="checkbox"/>	Wind and Hail Deductible HO 03 12 \$_____	<input type="checkbox"/>	Water Damage Coverage DP 05 57 _____
<input type="checkbox"/>	Replacement Cost for Structures HO 04 43		
<input type="checkbox"/>	Water/Sewer Back-Up HO 04 69	<b>Farm &amp; Ranch</b>	
<input type="checkbox"/>	Identity Fraud Expense Coverage HO 42 97	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental
<input type="checkbox"/>	Home Business Endorsements	<input type="checkbox"/>	Effective Date: _____ / ____ / ____
<input type="checkbox"/>	Refrigerated Property Coverage HO 04 98	<input type="checkbox"/>	<b>Farm Property</b>
<input type="checkbox"/>	Golf Cart Physical Damage Coverage HO 05 28	<input type="checkbox"/>	Cov. A. Dwelling \$_____
<input type="checkbox"/>	Water Damage Coverage HO 04 67	<input type="checkbox"/>	Cov. B. Other Private Structures \$_____
<input type="checkbox"/>	Foundation Coverage HO 04 68	<input type="checkbox"/>	Cov. C. Household Personal Property \$_____
<input type="checkbox"/>		<input type="checkbox"/>	Cov. D. Loss of Use \$_____
<b>Liability Options</b>		<input type="checkbox"/>	Cov. E. Scheduled Farm Personal \$_____
<input type="checkbox"/>	Personal Injury Coverage HO 24 50	<input type="checkbox"/>	Cov. F. Unscheduled Farm Personal Property \$_____
<input type="checkbox"/>	Watercraft Liability HO 24 75	<input type="checkbox"/>	Cov. G. Other Farm Structures \$_____
<input type="checkbox"/>	Business Pursuits Liability HO 24 71	<input type="checkbox"/>	Causes of Loss Form-Basic
<input type="checkbox"/>	Additional Residence Rented to Others HO 24 70	<input type="checkbox"/>	Causes of Loss Form-Broad
<input type="checkbox"/>	Incidental Farming Personal Liability HO 24 72	<input type="checkbox"/>	Causes of Loss Form-Special
<input type="checkbox"/>	Farmers Personal Liability HO 24 73	<input type="checkbox"/>	Mobile Agricultural Machinery & Equipment \$_____
<input type="checkbox"/>		<input type="checkbox"/>	Livestock \$_____
<input type="checkbox"/>		<input type="checkbox"/>	Scheduled Personal Property \$_____
<b>Other Options</b>		<input type="checkbox"/>	Sewer and Sump Backup FP 04 02
<input type="checkbox"/>	Additional Insured	<input type="checkbox"/>	_____
<input type="checkbox"/>	Condo Rental to Others HO 17 33	<input type="checkbox"/>	_____
<input type="checkbox"/>	Loss Assessment HO 04 35	<input type="checkbox"/>	_____
<input type="checkbox"/>	Condo Unit Owner Cov. A Special HO 17 91	<input type="checkbox"/>	_____
<input type="checkbox"/>	Condo Unit Owner Cov. C Special HO 17 90	<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____

