

COVERAGE OPTIONS

Accept	Decline	
		HOMEOWNERS
		1. Insure home 100% of estimated replacement cost
		2. Additional coverage for detached structures such as garage or barn, pool, satellite dish.
		3. Replacement cost coverage on contents
		4. Special perils on contents
		5. Scheduled personal property such as jewelry, furs, firearms, antiques, collectibles, fine arts, camera equipment, etc
		6. Increased limits for unscheduled personal property.
		7. Special coverage for computer equipment, software and media.
		8. Additional coverage for ordinance or law.
		9. Coverage for business in the home or on the premises.
		10. Earthquake coverage.
		11. Water or sewer backup coverage
		12. Carrier broadening endorsement
		13. Liability extended to other owned or rented property.
		14. Personal injury liability (libel, slander, false arrest, defamation of character).
		15. Identity Theft Coverage
		16. Coverage for boat, snowmobile, ATV, camper, golf cart (circle any that apply).
		17. Loss assessment (condominium owners or homeowners associations)
		18. Special perils on dwelling for condominium owners.
		19. Items in storage
		20. Utility line coverage
		DWELLING FIRE
		1. DF Forms for: <input type="checkbox"/> DP1 <input type="checkbox"/> DP2 or <input type="checkbox"/> DP3
		2. Building: <input type="checkbox"/> RC <input type="checkbox"/> ACV Appurtenant structures: <input type="checkbox"/> RC <input type="checkbox"/> ACV
		3. Personal property: <input type="checkbox"/> RC <input type="checkbox"/> ACV
		4. Theft option purchased
		5. Rental value if rented to others
		6. Add'l living expense DP2 or DP3 only, if owner occupied
		7. DF personal liability – personal liability extended from primary HO

Accept	Decline	
		AUTO
		1. Increase liability to \$500,000
		2. Increase medical payments to \$25,000
		3. Increase uninsured motorist to \$500,000
		4. Comprehensive deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 FGC: <input type="checkbox"/> Yes <input type="checkbox"/> No
		5. Collision deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
		6. Towing and labor: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100
		7. Rental reimbursement: <input type="checkbox"/> \$30 / \$900 <input type="checkbox"/> \$50 / \$1500
		8. Add carrier broadening endorsement
		9. Purchase extended non-owned liability
		RECREATIONAL VEHICLE
		1. Increase liability to \$500,000
		2. Increase medical payments to \$25,000
		3. Increase uninsured motorist to \$500,000
		4. Comprehensive deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 FGC: <input type="checkbox"/> Yes <input type="checkbox"/> No
		5. Collision deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
		6. Towing and labor: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100
		7. Rental reimbursement: <input type="checkbox"/> \$30 / \$900 <input type="checkbox"/> \$50 / \$1500
		8. Add carrier broadening endorsement
		9. Guest passenger liability
		10. Customized equipment
		FLOOD
		1. Dwelling limit at RC or max allowed limit
		2. Contents coverage, basement is limited
		UMBRELLA
		1. Umbrella liability policy
		2. Uninsured/underinsured motorist

I have reviewed and understand the coverages, conditions, limitations and exclusions in the quote given to me, and the policy written on behalf by GHM Agency. I further understand that higher limits and broader coverages are available, subject to underwriting approval. Contrary to this information explained to me by a representative of GHM Agency, I have chosen to purchase the explained limits of coverage with the knowledge that should I ever be involved in an insurance claim that the coverages I am purchasing may not adequately cover the entire claim and therefore I could be held personally liable and responsible.

I hereby save and hold harmless GHM Agency and its employees and representatives for any and all insurance claims that might occur for which I am not fully or partially covered for.

Signature of Named Insured

Print Name

Date