I/we have reviewed the following types of insurance with our insurance agent. Our agent has presented additional insurance options, as set forth below, which I/we have either declined, or coverage is not available, or is excluded by my/our policy. The below "Checked coverages" are excluded coverage's on our policy.

## BUILDING

Blanket
___ RC/ACV
___ Agreed Amount
___ Building Ordinance Coverage
___ Building Owner - Named Insured
__ Glass
____ Canopy/Fences/Light Poles/Antennas
___ Increase Building Value (Poss Co-Ins Penalty)
____ Pollution
___ Flood, Earthquake, Sewer Backup
PERSONAL PROPERTY
Blanket
RC/ACV
____ Agreed Amount
___ Monthly Reporting
___ Food Spoilage
____ Personal Property of Others (ACV)
___ Off Premises Power Failure
____ Property in the Open
___ Increase Contents Value (Poss. Co-Ins. Penalty)
___ Selling Price Valuation - Finished Stock
___ Leased Contents
___ Flood, Earthquake, Sewer Backup
___ Leasehold Improvements
___ Peak Season
Molds, Dies \& Patterns Limitation
LOSS OF INCOME
___ Business Income Incl. or Excl. EE
__ Coinsurance/Monthly Limitation
___ Include or Exclude Ordinary Payroll
Rents
____ Agreed Amount
___ Increase Business Income Value (Poss. Co-Ins. Penalty)
____ Dependent Properties
Off Premises Services - Water, Power, Communication
Overhead Transmission Lines
____ Extra Expense
Extended Period of Indemnity
GENERAL LIABILITY
Employee Benefit Liability
____ Aggregate Limit Per Location
___ Aggregate Limit Per Project
____ Product Liability
___ Vendors Coverage
___ Professional Legal Liability
___ Fire \& Building Legal Liability
____ Any Other Interests
___ Any Hold Harmless
___ Liquor Liability
___ Directors and Officers Liability
____ Pollution
___ Employment Practices Liability
___ Property in Care, Custody, or Control
____ Racing
____ Injury to Employees
___ Product Recall Expense
Fiduciary Liability

## INLAND MARINE

____ Replacement Cost
__ Sign
___ Accounts Receivable/Valuable Papers
_ Transit
____ Employee Tools
___ Bailees (RC)

## INLAND MARINE - CONTINUED

Computer Hardware/Software/Extra Expense
___ Tools, Equipment or Prop-Off Premises
____ Agreed Amount
____ Installation/Exhibition Floater
____ Property Leased, Rented or Borrowed
____ Fine Arts
AUTOMOBILE
___ Owned/Non Owned/Hired
____ Leased Autos
____ Drive Other Car
____ Employee As Lessor
___ Hired Physical Damage
___ Uninsured/Underinsured Motorist
___ Car or Cellular Phone
___ Towing/Rental Reimbursement
__ Lease Gap Coverage
WORKERS COMPENSATION
Specified States, MI Only
___ $\$ 500,000 / \$ 500,000$ Limit of Coverage B
___ Stop Gap
Officer, Partners-Include/Exclude
GARAGE/BOAT DEALERS LIABILITY
Broadened Liability
_ False Pretense
___ Garage Liability
___ Garage Keepers Legal Liability
_ Primary/Excess

## CRIME

____ Burglary/Robbery-Money
____ Employee Dishonesty - Blanket
___ Forgery
___ ERISA Compliance
BOILER AND MACHINERY BREAKDOWN
___ Basic- Boilers Only
___ Comprehensive
___ Business Income
Include or Exclude Production Machines
UMBRELLA/EXCESS
\$1,000,000. CSL
$\$ 3,000,000$. CSL
___ \$5,000,000. CSL
_ $\$ 20,000,000$. CSL

## MISCELLANEOUS

Bonding
____ Equipment Maintenance
Professional Employer Organization
FOREIGN
____ Personal Property
General Liability
Automobile Liability/Physical Damage
Workers Compensation/Repatriation Ocean Cargo
EMPLOYEE BENEFITS
___ 401 k
___ Group Health
___ Group Life
___ Group Disability
___ Buy/Sell Agreements
___ Business Continuation
SIGNED: $\qquad$
COMPANY:
DATED:
$\qquad$
$\qquad$

