

Personal Catastrophe Liability Policy Supplemental Underwriting Checklist

Yes No

- ___ ___ Do we write your Homeowners, Automobile Policies and/or Boat at Body Borneman Agency?
- ___ ___ If we have your HOME, do you have/want **IDENTITY THEFT** coverage? ___ **(Client Initials)**
- ___ ___ Do all carriers of the underlying policies to this Personal Catastrophe Liability Policy, have an "A", or better, AM Best rating ?
- ___ ___ Any dwellings and/or Farms, which are rented to others, not listed?
- ___ ___ Do you wish to add any Recreational Motor Vehicles not listed?
- ___ ___ Are there any unmarried drivers under the age of 24 residing in your home?
- ___ ___ Are there any motorized vehicles - owned, leased or furnished for regular use by the applicant or spouse - that are not covered by the underlying policies?
- ___ ___ Have we discussed the details on your Homeowners/ Automobile Policies that are be required for a PCL policy?
- ___ ___ Any member of the household excluded or on assigned risk plan?
- ___ ___ Any member of the household had any past claims or violations?
- ___ ___ Does your profession place you in a D&O Liability capacity or are you an officer or member of the Board of Directors of a non-profit organization?
- ___ ___ Do you operate a business out of your home or employ any domestic workers?
- ___ ___ Do you have any current suits pending?
- ___ ___ Any watercraft or aircraft exposures not listed?
- ___ ___ Do you race autos, recreational motor vehicles or watercraft?
- ___ ___ Any primary or excess liability cancelled or denied with in past 3 yrs.?
- ___ ___ Have you experienced any life changes(marriage, children, new job, job loss, divorce, etc. Your **Life Insurance** needs may have changed, can I quote you?) ___ **(Client Initials)**

CLIENT EMAIL ADDRESS: _____

COMMENTS:

Signature of Client _____ Date _____

Parent/Guardian Signature (if client is under age 18) _____ Date _____

Signature of Agent _____ Date _____