



Coverage Checklist

Coverage Checklist – Auto

Client Name:		Policy No:	
Producer:		Effective Date:	
Prepared by:		Date Prepared:	
Reviewed by:		Date Reviewed:	

	Yes	No	N/A	If No, Comment
1. Are the following included?				
A. Liability-Any Auto (Symbol 1)				
B. Hired/Non-owned Liability Symbol 1 or 8 and 9)				
C. Personal Injury Protection				
D. Medical Payments				
E. Uninsured/Underinsured Motorists				
F. Comprehensive or Specified Perils				
G. Collision				
H. Hired Physical Damage (Symbol 8)				
2. Are the following attached?				
A. Signed Driver Exclusion in file				
B. Driver Schedule on File				
C. Motor Vehicle Reports on File				
D. Signed Uninsured Motorists Form in file				