



## Coverage, Amounts, Deductibles & Other Insurance Available

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
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| <input type="checkbox"/> <b>Dwelling (Coverage A)</b><br>Covers the house and attached structures for accidental direct physical loss (as provided by your policy and state law). This includes built in or attached items such as built in appliances or wall-to-wall carpet.                                              | <b>Note:</b> Flood is excluded from the homeowners policy. See Additional Insurance Available below for Flood options.                                                                                                                                    | \$ _____<br>Should be an amount equal to 100% of reconstruction cost estimate.<br>(Cost to rebuild from foundation up with materials of similar kind & quality.) |
| <input type="checkbox"/> <b>Other Structures</b><br>Covers other buildings or structures on the property that are separated by clear space from the house. Examples are a detached garage or a gazebo. Covers accidental direct physical loss to the structure (as provided by your policy and state law).                  | <b>Automatic % of Dwelling Coverage Amount (Typically 10%)</b><br><input type="checkbox"/> 10% = \$ _____<br><input type="checkbox"/> Other = \$ _____                                                                                                    |                                                                                                                                                                  |
| <input type="checkbox"/> <b>Contents</b><br>Covers your personal property, such as furniture, clothing, and items that are not attached to or built into the home. Covers these personal items for loss due to specific causes such as fire, smoke, wind, theft, and other causes as provided by your policy and state law. | <b>Automatic % of Dwelling Coverage Amount</b><br><input type="checkbox"/> 55% = \$ _____ (Actual Cash Value)<br><input type="checkbox"/> 70% = \$ _____<br><small>(Included with the purchase of Extended Replacement Cost on Contents Coverage)</small> |                                                                                                                                                                  |
| <input type="checkbox"/> <b>Personal Liability</b><br>Covers bodily injury and property damage to others for which you are held liable (as provided by your policy and state law).                                                                                                                                          | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000<br><input type="checkbox"/> \$500,000 <input type="checkbox"/> Other                                                                                                                |                                                                                                                                                                  |
| <input type="checkbox"/> <b>Medical Payments to Others</b><br>Intends to pay for medical or funeral expenses of others who are injured on your property or by your activities on or off your property (as provided by your policy and state law).                                                                           | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000<br><input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000<br><input type="checkbox"/> \$5,000 <input type="checkbox"/> Other                                                 |                                                                                                                                                                  |
| <input type="checkbox"/> <b>Loss of Use</b><br>Intends to pay for an increase in reasonable living expense if you are not able to reside in the home due to a covered loss (as provided by your policy and state law).                                                                                                      | <b>Automatic % of Dwelling Coverage Amount (Typically 100%)</b><br><input type="checkbox"/> 100% = \$ _____<br><input type="checkbox"/> Other = \$ _____                                                                                                  |                                                                                                                                                                  |

### Deductibles

All Other Perils   ☐ \$250   ☐ \$500   ☐ \$1,000   ☐ \$2,500   ☐ \$5,000  
 Hurricane   ☐ \$500   ☐ \$1,000   ☐ \$2,500   ☐ \$5,000   ☐ 1% of Cov. A   ☐ 2% of Cov. A   ☐ 5% of Cov. A  
 Wind/Hail   ☐ \$500   ☐ \$1,000   ☐ \$2,500   ☐ \$5,000

### Additional Insurance Available

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                  |
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| <input type="checkbox"/> <b>Flood</b><br>Coverage for building and contents may be purchased through the National Flood Insurance Program (NFIP). Separate deductible applies to both building and the contents coverage. Additional coverage is available through other outlets. | <input type="checkbox"/> <b>PUL</b><br>A personal umbrella policy offers an extra layer of protection for your assets. Coverage is provided for bodily injury, property damage or personal injury to others for which you are held liable (as provided by your policy and state law). You must maintain certain underlying limits on your auto/homeowner policy. |
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## Other Coverages & Features

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |
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| <input type="checkbox"/> <b>Replacement Cost Plus</b><br>Pays up to an additional 20% of the Dwelling coverage limit if there is a total loss of your home and additional money is needed to reconstruct the home (as provided by your policy and state law). Dwelling required to be insured to 100% replacement cost. | <input type="checkbox"/> <b>Functional Replacement Cost</b><br>Settles losses to your home or other structures with common construction materials and methods instead of obsolete, antique or custom materials used in the original construction (as provided by your policy and state law). 12% discount. |
| <input type="checkbox"/> <b>Extended Replacement Cost on Contents</b><br>Pays to replace or repair personal property without depreciation being taken from the value of the property (as provided by your policy and state law).                                                                                        | <input type="checkbox"/> <b>Ordinance or Law</b><br>Pays for increased expense to rebuild due to current building codes or ordinances (as provided by your policy and state law). Example: current zoning may require all new construction to have sprinkler systems.                                      |
| <input type="checkbox"/> <b>Water Backup of Sewers</b><br>Broadens the coverage for loss due to water backup through sewers or drains (as provided by your policy and state law).                                                                                                                                       | <input type="checkbox"/> <b>Scheduled Personal Property</b><br>Provides additional coverage for personal property of higher values such as jewelry, watches, furs, etc., as provided by your policy and state law.                                                                                         |
| <input type="checkbox"/> <b>Identity Theft</b><br>Pays up to \$25,000 for expenses incurred while helping restore your identity and includes a service to assist you with all tasks to restore your identity (as provided by your policy and state law). Credit monitoring for early detection available by enrollment. | <input type="checkbox"/> <b>Earthquake</b><br>Provides additional coverage for your home, other structures and personal property due to earthquake damage (as provided by your policy and state law). A separate deductible applies.                                                                       |
| <input type="checkbox"/> <b>Other</b> _____                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                            |

## Discounts/Savings

*(May apply to all or a portion of your premium)*

|                                                                                                                                                         |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Home and Car</b><br>Up to 25% if you insure both your home and your auto with Nationwide.                                   | <input type="checkbox"/> <b>Home Purchase</b><br>Up to 5% for new customers who purchased a home within 12 months prior to policy effective date.                                                                    |
| <input type="checkbox"/> <b>Protective Device (Alarm)</b><br>Up to 12% if the home has items such as: smoke detectors, fire alarm, burglary alarm, etc. | <input type="checkbox"/> <b>Home Renovation</b><br>Up to 11% for each of the following updated components: plumbing, electrical, heating/cooling, roofing. (Applies to renovations completed within past few years). |
| <input type="checkbox"/> <b>Claims Free</b><br>Up to 10% when you are claims free.                                                                      | <input type="checkbox"/> <b>Prior Insurance</b><br>Up to 10% based on continuous coverage with prior carrier.                                                                                                        |
| <input type="checkbox"/> <b>Gated Community</b><br>Up to 5% if you live in a gated community.                                                           | <input type="checkbox"/> <b>Personal Status</b><br>Up to 5% if insured is married or widowed.                                                                                                                        |
| <input type="checkbox"/> <b>Age of Insured</b><br>Up to 10% if insured is age 60 or older. Up to 5% if insured is between 55-59 years of age.           | <input type="checkbox"/> <b>Other</b> _____                                                                                                                                                                          |

## Payment options

### Bill Method:

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> <b>Paperless</b><br><i>(email required)</i> | <input type="checkbox"/> <b>Direct Bill</b> |
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### Payment Frequency:

|                                             |                                         |                                                                                                  |
|---------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Semi Annual</b> | <input type="checkbox"/> <b>Monthly</b> | <input type="checkbox"/> <b>Flexible</b><br><i>(any amount between minimum and full payment)</i> |
|---------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|

### Payment Plan:

|                                                                   |                                                           |                                                                |                                         |
|-------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> <b>Recurring EFT</b><br><i>(monthly)</i> | <input type="checkbox"/> <b>Bankcard</b> <i>(monthly)</i> | <input type="checkbox"/> <b>Escrow</b> <i>(when available)</i> | <input type="checkbox"/> <b>FISERV®</b> |
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### Other

|                                                      |                                                                     |                                             |                                                       |
|------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> <b>EFT – One time</b>       | <input type="checkbox"/> <b>Bankcard – One time</b>                 | <input type="checkbox"/> <b>Credit Card</b> | <input type="checkbox"/> <b>Nationwide Bank® Visa</b> |
| <input type="checkbox"/> <b>Check or money order</b> | <input type="checkbox"/> <b>Cash</b><br><i>(via agent's office)</i> |                                             |                                                       |





Subject to underwriting guidelines, review, and approval. Products and discounts not available to all persons in all states.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I, the undersigned customer, understand and agree that this document is designed to help me determine the coverages that meet my individual needs. It is for informational purposes only and any insurance coverages provided by \_\_\_\_\_, its affiliated and subsidiary companies will be governed by the policy and/or declaration page. This document does not amend, modify, or supersede any term of the policy and/or declaration page provided by company. Company makes no warranties, express or implied, as to the applicability or thoroughness of the content of this document. I agree that I am responsible for reading any and all policy documents provided to me by company and for determining whether the coverages are appropriate for my individual needs. I further understand and agree that any and all product recommendations, recommended coverages, and/or recommended limits are based on limited information I provided. Changes made on this document do not result in changes to my policy. Any policy changes must be processed through the companies policy system. I agree that InsurePro, LLC, and its affiliated and subsidiary companies will not be held liable for any losses or damages, including punitive damages, resulting from my reliance or use of this worksheet.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name (printed): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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Work Phone: \_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

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