

## **Insurance Policy Compliance Checklist**

## **Policy Review & Validation**

Initial assessment of policy documents and coverage details.

Policy Effective Date	
Enter date	
Policy Expiration Date	
Enter date	
Policy Number	
Enter a number	
Policy Type	
General Liability	
Property	
Workers' Compensation	
Commercial Auto	
☐ Umbrella	
Other	

Insurer Nam	1 <b>e</b>
Write someth	ning
Brief Policy	Summary
Write someth	
Uploaded P	olicy Document
♣ Upload F	File Control of the C
Policy Statu	s
Active	
Pending R	enewal
Cancelled	
Lapsed	
	e Adequacy Assessment its and coverage align with business needs and risk profile.
Current Pro	perty Value
Enter a num	per
	in an Intermedian Bernana (Annual)
Current Bus	iness Interruption Revenue (Annual)

Risk Assessment Category (e.g., Low, Medium, High)  Low  Medium  High	
Liability Insurance Limit  Enter a number	
Current Coverage Level Adequate?  Yes  No Unsure	
Justification for Coverage Adequacy  Write something	
Estimated Replacement Cost  Enter a number	
Date of Last Coverage Review  Enter date	

## **Regulatory Compliance**

nsure adherence to re	levant insurance regulations and legal requirements.
Applicable State Re	gulations
None	
State A	
State B	
State C	
Relevant Federal Re	egulations
HIPAA	
GLBA	
FCRA	
Dodd-Frank Act	
None	
Last Regulatory Co	mpliance Review Date
Enter date	
Summary of Regula	atory Changes Since Last Review
Write something	
Supporting Docume	entation (e.g., Compliance Reports)
♣ Upload File	

Compliance Training Completion Status
Completed
☐ In Progress ☐ Not Started
Compliance Review Score (if applicable)
Enter a number
Documentation & Recordkeeping
Maintain accurate records of policy documents, endorsements, and renewals.
Policy Document Upload
♣ Upload File
Endorsements & Amendments Upload
♣ Upload File
Policy Effective Date
Enter date
Policy Expiration Date
Enter date

Enter a number		\( \)
Notes on Document R	eview	
Write something		
Document Storage Lo	cation	
Shared Drive		
Cloud Storage		
Physical Archive		
remium Paym	nent & Budgeting	
remium Paym	ayments and alignment with budget allocations.	
remium Paym	ayments and alignment with budget allocations.	
remium Paym nfirm timely premium pa	ayments and alignment with budget allocations.	
remium Paym nfirm timely premium pa  Total Premium Amoun  Enter a number	ayments and alignment with budget allocations.	
remium Paym nfirm timely premium pa  Total Premium Amoun  Enter a number  Premium Payment Du	ayments and alignment with budget allocations.	

Enter a number.	
Payment Meth	od
Check	
Wire Transfer	
ACH	
Credit Card	
Payment Confi	rmation Reference Number
Write something	J
Budget Allocat	tion for Insurance
Budget Allocat	
Enter a number.	
Enter a number.  Payment Statu	
Enter a number.  Payment Statu Paid	

Enter date...

Write something			
Change in Busin	ess Value (US	D)	
Enter a number			
Significant Risk	Changes Ident	ified?	
Yes			
No			
Description of R	isk Mitigation	Actions	
Write something			
Estimated Impac	t of Risk (Scal	e 1-5)	
Enter a number			
Affected Risk Ca	tegories		
Property			
Liability Business Interru	ntion		
	ριιστί		
Cybersecurity			

Enter date	
Renewal Process & Timeline	
anage the policy renewal process according to established timelin	nes.
Renewal Date	
Enter date	
Notification Date (to Insurer)	
Enter date	
Quote Deadline	
Enter date	
Number of Quotes Received	
Enter a number	
Renewal Strategy (e.g., Renew, Shop, Negotiate)	
☐ Renew ☐ Shop	
☐ Negotiate	

Write something	
Write Something	
Policy Effective Date (New)	
Enter date	
Renewal Quote Documents	
♣ Upload File	
laims Management Integration	
eview processes for seamless integration with claims management.	
Claims Submission Method	
Online Portal	
Email	
Email	
Email	
☐ Email ☐ Mail	
Email   Mail   Mail   Average Claims Processing Time (Days)	
Email   Mail     Average Claims Processing Time (Days)   Enter a number	
Email Mail  Average Claims Processing Time (Days)  Enter a number  Description of Claims System Integration Points	
Email   Mail     Average Claims Processing Time (Days)   Enter a number	

Enter date		
Data Fields <i>i</i>	Automatically Synced to Claims System	
Policy Num	nber	
Insured Na	me	
Date of Los	SS	
Loss Descr	ription	
Claim Amo	unt	
Contact Per	son for Claims Integration Issues	
Write someth		
Write someth		
Write someth	ndorsements & Amendmen	
Write someth	ndorsements & Amendmen ment all policy endorsements and amendments	
Write someth	ndorsements & Amendmen ment all policy endorsements and amendments	

Coverage Change   Premium Adjustment   Policy Correction   Beneficiary Change   Other    Supporting Documentation (e.g., quotes, legal agreements)  La Upload File  Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something  Authorized Signature	Type of Endorsement/Amendment	
Policy Correction Beneficiary Change Other  Supporting Documentation (e.g., quotes, legal agreements)  Lubload File  Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Beneficiary Change Other  Supporting Documentation (e.g., quotes, legal agreements)  Upload File  Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Supporting Documentation (e.g., quotes, legal agreements)  La Upload File  Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Supporting Documentation (e.g., quotes, legal agreements)  L Upload File  Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something	Other	
Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something	Supporting Documentation (e.g. guotes legs	al agraements)
Endorsement/Amendment Effective Date  Enter date  Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		ai agreements)
Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something	Upload File	
Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something	Endorsement/Amendment Effective Date	
Premium Change (if applicable)  Enter a number  Reference Number/ID  Write something		
Reference Number/ID  Write something	Liner date	
Reference Number/ID  Write something		
Reference Number/ID  Write something	Premium Change (if applicable)	
Reference Number/ID  Write something	Enter a number	
Write something		
	Reference Number/ID	
Authorized Signature		
Authorized Signature		
	Write something	

## **Audit Trail & Reporting**

Maintain an audit trail of all compliance activities and generate reports as needed.

Summary of Audit Findings  Write something  Audit Outcome Compliant Minor Deviation Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date Enter date	Enter date		
Audit Outcome Compliant Minor Deviation Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Summary of Audit Find	ings	
Compliant Minor Deviation Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Write something		
Compliant Minor Deviation Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date			
Minor Deviation Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Audit Outcome		
Major Deviation Not Compliant  Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Compliant		
Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Minor Deviation		
Corrective Actions Required (if any)  Write something  Corrective Action Due Date	Major Deviation		
Write something  Corrective Action Due Date	Not Compliant		
Corrective Action Due Date	Corrective Actions Req	uired (if any)	
Corrective Action Due Date	Write something		
	-		
Enter date	Corrective Action Due	Date	
	Enter date		
Auditor Signature	Auditor Signature		

<b>Policy Number Verified</b>	
Enter a number	