

Insurance Underwriting Process Checklist

Application Review & Verification

Ensuring accuracy and completeness of applicant information and supporting

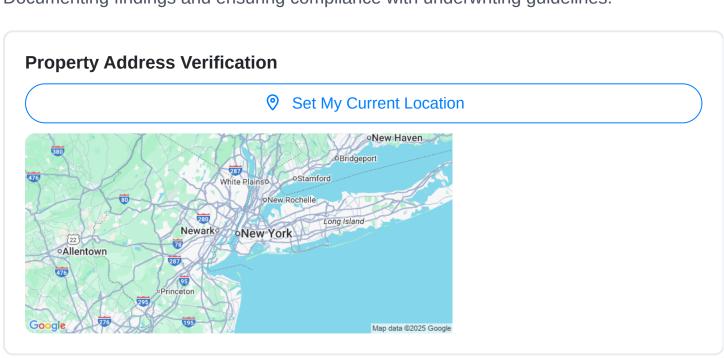
documentation.	
Applicant Full Name	
Write something	
Date of Birth (YYYY)	
Enter a number	
Description of Business Operations (if applicable)	
Write something	
Proof of Identity (e.g., Driver's License, Passport)	
♣ Upload File	

Property Type (if applicable)
Residential
Commercial
Agricultural
Application Submission Date
Enter date
Risk Assessment & Analysis
Evaluating the applicant's risk profile based on various factors.
Applicant's Age
Enter a number
Property Value (if applicable)
Enter a number
Industry/Occupation
Construction
Healthcare
Manufacturing
Retail
☐ Technology
Other

Relevant Risk Factors
Prior Claims History
Geographic Location (flood zone, earthquake zone)
Business Interruption Risk
Cybersecurity Risk
Environmental Hazards
Detailed Risk Narrative
Write something
Risk Classification
Low
Medium
High

Property Inspection (if applicable)

Documenting findings and ensuring compliance with underwriting guidelines.



Square Footage	
Enter a number	
Construction Type	
Frame	
Masonry	
Steel	
Concrete Concrete	
Year Built	
Enter a number	
Observed Conditions (e.g., roof condition, signs of water damage)	
Write something	
	<i></i>
Photos of Property (exterior/interior)	
Photos of Property (exterior/interior) ① Upload File	
♣ Upload File	
△ Upload File Compliance with Local Codes?	
Compliance with Local Codes?	

Enter date			
nancial Anal		_	
riewing financial staten	nents and assessing	g risk based on financial health	
Revenue (Annual)			
Enter a number			
let Profit (Annual)			
Enter a number			
Debt-to-Equity Ratio			
Enter a number			
ast Financial Statem	ent Date		
Enter date			

Credit Rating (if applicable)
☐ AAA
☐ AA
A
BBB
BB
В
□ ccc
□ cc
□ c
□ D
☐ Not Rated
Financial Statements (PDF/Excel) Lipload File
Notes/Comments on Financial Analysis Write something

Coverage Determination

Determining appropriate coverage limits and terms based on risk assessment.

Coverage Type Property Liability Commercial Auto Workers' Compensation Business Interruption
Proposed Coverage Limit Enter a number
Deductible Option None \$1,000 \$2,500 \$5,000
Rationale for Coverage Determination Write something
Exclusions Considered? Yes No

Write something	
ricing & Premium Calculation	
lculating the premium based on coverage, risk factors, and mar	ket conditions.
Base Premium Rate	
Enter a number	
Diels Feeten Adirectment (0/)	
Risk Factor Adjustment (%)	
Enter a number	
Coverage Limit	
Enter a number	
Deductible Amount	
Enter a number	
Discount Applied (if any)	
None	
Early Payment	
Bundle Discount	

Enter a number	
Tax Rate (%)	
Enter a number	
Total Premium	
Enter a number	
suring all relevant information is accurately and completely docum	ented in the
suring all relevant information is accurately and completely document derwriting file. Summary of Risk Assessment Findings	ented in the
suring all relevant information is accurately and completely docum derwriting file.	ented in the
suring all relevant information is accurately and completely docume derwriting file. Summary of Risk Assessment Findings Write something	ented in the
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Application Form	ented in the

Underwriting Decision Approve Approve with Conditions Reject Date of Underwriting Decision Enter date Underwriter Signature Notes/Comments Write something ompliance and Legal Review rifying compliance with relevant regulations and legal requirements.	Risk Score	
Approve Approve with Conditions Reject Date of Underwriting Decision Enter date Underwriter Signature Notes/Comments Write something ompliance and Legal Review	Enter a number	
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Underwriter Signature Notes/Comments Write something ompliance and Legal Review	Date of Underwriting Decision	
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Write something ompliance and Legal Review		
Write something ompliance and Legal Review		
ompliance and Legal Review	Notes/Comments	
	Write something	
rifying compliance with relevant regulations and legal requirements.	ompliance and Legal Review	
	ifying compliance with relevant regulations and legal requirements.	
	_	
Reviewed for E&O Insurance Requirements? Yes		
Yes No		

Compliance with State Regulations? Yes No Review Required
Date of Legal Review Enter date
Summary of Legal Review Findings Write something
Legal Review Documentation (if applicable) ① Upload File
Privacy Policy Compliance Verified? Yes No

Policy Issuance & Approval

Final review and approval before policy issuance.

Policy Approval Status Approved Rejected Pending Review
Policy Number Enter a number
Issue Date Enter date
Underwriter Signature
Approval Comments (if applicable) Write something
Policy Type Homeowners Auto Commercial

Record Keeping & Archiving

Ensuring proper storage and archiving of underwriting files.

Date of Record Creation	
Enter date	
Summary of Archiving Process	
Write something	
File Identifier/Reference Number	
Enter a number)
Storage Medium (Physical/Digital) Physical Digital	
Location Details (if physical)	
Write something	
Proof of Archival (e.g., screenshot of digital archive) ① Upload File	
Date of Last Access/Review	
Enter date)