



PO Box 900  
Lincroft, NJ 07738

Underwritten by  
Teachers Auto Insurance Company of New Jersey

**SERVICE RESTRICTION CHECKLIST**

**Insured:**  
**Injured Party:**  
**Claim Number:**  
**Policy Number:**  
**Date of Loss:**

Please print or type all information requested and sign where indicated.

Service	Can Do	Can Do with Limitations	Anticipated Release Date	Cannot Do
1) Vacuum/sweep	_____	_____	_____	_____
2) Dust	_____	_____	_____	_____
3) Wash/laundry	_____	_____	_____	_____
4) Iron/laundry	_____	_____	_____	_____
5) Cook	_____	_____	_____	_____
6) Wash dishes	_____	_____	_____	_____
7) Wash floors	_____	_____	_____	_____
8) Mow lawn	_____	_____	_____	_____
9) Rake leaves	_____	_____	_____	_____
10) Shovel snow	_____	_____	_____	_____
11) Clean bathroom	_____	_____	_____	_____
12) Child care	_____	_____	_____	_____
13) Wash windows	_____	_____	_____	_____
14) Take out garbage	_____	_____	_____	_____
15) Other:	_____	_____	_____	_____
16) <i>Other:</i>	_____	_____	_____	_____
17) <i>Other:</i>	_____	_____	_____	_____
18) <i>Other:</i>	_____	_____	_____	_____

- This patient will need help with household chores a total of \_\_\_\_\_ hours a week.
- Length of time these restrictions apply: \_\_\_\_\_

Please explain the patient's physical limitations:

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_