

Personal Insurance Checklist

Just as your health needs an annual checkup – so does your personal insurance.

Although you may not be aware of it, your financial profile has changed over the past year. To make sure you, your family and your property and adequately insured; please complete the following questionnaire.

Personal Information

Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Best Time to Call: _____

E-mail Address: _____

Checklist Questions

- | | | |
|---|-----|----|
| Do you have collectibles such as antiques, fine art, stamps, and coins? | Yes | No |
| Do you own valuable jewelry or furs? | Yes | No |
| Do you own costly sporting equipment or firearms? | Yes | No |
| Do you have valuable cameras or other photography equipment? | Yes | No |
| Do you have any alarms installed in your home?
Type of alarm: _____ | Yes | No |
| Do you keep more than \$100 cash in your home? | Yes | No |
| Are your personal belongings insured for their full replacement value? | Yes | No |
| Do you have children away at college? | Yes | No |

Annual Home Inventory

Do you own tools, equipment or instruments used in your trade or profession?	Yes	No
Do you operate an office or studio in your home?	Yes	No
Do clients come into your home to make purchases?	Yes	No
Do you baby-sit in your home?	Yes	No
Have you recently remodeled or redecorated your home?	Yes	No
Do you have plans to remodel or redecorate in the future?	Yes	No
Are you interested in flood insurance for your home and personal property?	Yes	No
Are you interested in earthquake coverage?	Yes	No
Do you have a wood-burning stove?	Yes	No
Do you have a swimming pool?	Yes	No
Do you own rental or investment property?	Yes	No
Do you own a vacation home?	Yes	No
If you rent, do you carry Renter's Insurance?	Yes	No
Do you plan to purchase a new vehicle this year?	Yes	No
Would you like us to provide you with an insurance estimate on the vehicles you are considering?		
If so, list the type of vehicle: _____		
Does our agency insure all of your vehicles?	Yes	No
Do you routinely use vehicles you do not own?	Yes	No
Do you have non-factory installed equipment?	Yes	No
Do you store CD's or DVD's in your car?	Yes	No
Do you own a vehicle with custom furnishings or equipment?	Yes	No



Annual Home Inventory

If your vehicle were in an accident, would you current automobile insurance reimburse you for a rental vehicle while yours is being repaired? Yes No

Do you own any of the following?

Boat or Personal Watercraft

Camper

All-Terrain Vehicle

RV/Motor Home

Golf Cart

Other: _____

Do you carry at least a one-million dollar umbrella liability policy? Yes No

Do you have significant liability or malpractice coverage? Yes No

Do you and your family have proper health insurance coverage? Yes No

Do you have disability income Insurance? Yes No

Do other family members need such coverage? Yes No

Do you have life Insurance, which pays your mortgage in case of your death? Yes No

Are you insured for long-term supervised health care? Yes No

Please Note: Insurance coverage cannot be bound or changed via submission of this online form/application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed agent. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state.