## PERSONAL INSURANCE CHECKUP

It's time for an insurance check up. To better serve you and to help eliminate gaps in your insurance coverage, we developed this questionnaire. Please answer the following questions and return the form to us in the enclosed postpaid envelope. We will use it to evaluate the adequacy of your present coverage and will advise you of any changes that may be in order. This information, like all of your personal business, will naturally be kept in the strictest confidence.

Name					
Mailing A	Address				
Street Ad	ldress (if different)				
City		State Zip	Day phone	Evening phone	
Email ac	ldress				
Circle Y	es or No. If Yes, p	lease provide a bri	ief description or expla	anation.	
Yes No	1. Are there any c	corrections or chang	ges to the address or loca	ation of your home as shown above?	
Yes No	2. Does anyone, e	except a mortgagee l	listed on your policy, ha	ve a financial interest in your home?	
Yes No	3. Do you have an	ny outbuildings or s	eparate garages?		
Yes No	4. Do you own or	rent any other real	estate, by yourself or wi	th others?	
Yes No	5. Do you serve o	on any charitable, so	cial or governmental bo	ards?	
Yes No	6. Have you done	any remodeling or	made other improvemen	ats to your home?	
Yes No	7. Is the amount of	of insurance on your	home less than it would	I take to rebuild it?	
Yes No	8. Are your perso	nal belongings cove	ered for less than it woul	d cost to replace them in a total loss?	
Yes No	9. Do you have co	ollectibles such as a	ntiques, fine art, stamps	, or coins?	
Yes No	10. Do you own to	ols, equipment or of	ther property used in you	ur trade, business or profession?	
Yes No	11. Do you do any	work at home?			
Yes No	12. Do you own ex	spensive jewelry, fu	rs or silverware?		
Yes No	13. Do you own co	ostly sporting equipr	ment, guns, hobby equip	ment or musical instruments?	

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Yes No	14. Do you own a boat, jetski, or waverunner? Ever rent them?			
Yes No	15. Do you ever keep or carry cash over \$200?			
Yes No	16. Are you interested in doing a video inventory of your home?			
Yes No	17. Do you own a golf cart, go-cart, dirt bike, ATV, snowmobile, dune buggy, hovercraft or any other self-propelled vehicle including riding lawn mowers, garden tractors or scooters?			
Yes No	18. Do you need coverage for flood or earthquake?			
Yes No	19. Do you have any employees?			
Yes No	20. Do you own any cars, trucks, motorcycles, motorhomes, campers or trailers not shown on a policy with us?			
Yes No	21. Do you often drive vehicles owned by others, including an employer's vehicle?			
Yes No	22. Are there any non-family members living with you?			
Yes No	23. Do you ever use your vehicles for business reasons?			
Yes No	24. Do you ever rent cars?			
Yes No	25. Do any of your vehicles have custom equipment?			
Yes No	26. Do you own any other personal property valued over \$1000 per item not mentioned above?			
Yes No	27. Are you interested in increasing your liability coverage?			
Yes No	28. Do you need to review your life insurance coverage?			
Yes No	29. Would you like information on disability coverage?			
Yes No	30. Would you like information on medical insurance?			
Yes No.	31. Do you have any questions about your insurance coverage?			
	Signed Date			

Circle Yes or No. If Yes, please provide a brief description or explanation