

Personal Lines Renewal Checklist

COMPANY INFORMATION

| | |
|---|---|
| Name: | Date: |
| Company Name: | Policy Number: |
| <input type="checkbox"/> Would you like your policy to be set up on automatic payments? | This will save you money on monthly installment fees and you may be eligible for a discount on your policy! |
| Current Insured Occupation: | Current Co-Insured Occupation: |
| Any recent life events or changes: | |

Auto Insurance CHECKLIST

 N/A

| YES | NO | QUESTIONS | DETAILS |
|--|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do we currently insure all vehicles in your household? If not, please provide additional vehicle information | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all the vehicles you are insuring titled in your name? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a vehicle furnished for your regular use that you don't own? Such as a company vehicle? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all licensed drivers in your household listed on your auto policy? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have any members of you household moved but are still listed on your policy? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any children (16-24) that qualify for the "Good Student discount" (3.0 GPA or better) If so please provide us a copy with their most recent transcript or report card? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any of your children (age 16-24) 100+ miles away from the household | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any non-factory equipment such as stereos, TVs navigational systems etc. that need to be specifically insured? | |
| Would you like to increase or add any of the following? (check box to indicate "yes") | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase your bodily injury and property damage liability limits on your policy to protect your assets? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase your medical coverage to meet your needs? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Add rental reimbursement to your auto policy? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Add towing or roadside assistance to your auto policy? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Decrease your deductibles to lessen your out of pocket expense in the case of a claim? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Add or increase the company specific endorsement if available on your policy? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like to decrease your deductibles to lessen your out of pocket expense in the case of a claim? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have a new vehicle on your policy would you like to add GAP/loan coverage to that vehicle? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you don't have auto insurance with us would you like us to provide you with a quote? | |

Homeowners/Renters/Condo Insurance CHECKLIST

 N/A

| YES | NO | QUESTIONS | DETAILS |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently own your home? <input type="checkbox"/> Is your home currently insured with us? <input type="checkbox"/> If not, would you like us to provide you with a quotation? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your home properly insured for its full replacement value? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you completed any renovations to your home or built any new buildings or additions that would increase the value of your home? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any of the following safety features (please circle all the apply): <input type="checkbox"/> Deadbolt locks <input type="checkbox"/> Carbon Dioxide detectors <input type="checkbox"/> Central Station, local burglar, fire alarm <input type="checkbox"/> Built in generator <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Low Temp alarm | |

Would you like to add or increase any of the following on your current policy: (check box to indicate "yes")

- Would you like full replacement cost on your property and/or have an additional replacement cost added to your policy?
- Is the automatic coverage on others structures enough to cover all other buildings on your policy?
- Is the personal property coverage on your homeowner's policy adequate?
- Are your possessions coverage at full replacement cost?
- Would you like to add, or increase water back up included on your policy?
- Would you like to add, or ordinance and law coverage included on your policy?
- Add or increase the company specific endorsement if available on your policy?
- Add Earthquake coverage endorsement

| | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | If you own a condo do you carry condominium insurance other than what the Association provides for coverage? Such as contents, liability, loss assessment, additions or alterations? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you rent do you carry renter's insurance? <input type="checkbox"/> If you don't would you like a renter's quotation? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own any jewelry, furs, silverware, fine arts, firearms, coins, stamp collections or other unique collections that you would like separate coverage for? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own any computers, cameras, tools, or musical instruments you would like special coverage for? <input type="checkbox"/> Are they used in a business or profession? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you part of a homeowners/residential association? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any pets? If so, please provide details. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you conduct any business, daycare, lessons, or have items for sale in your home? If so, please provide details | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any roommates/boarders or participate in home sharing (i.e. Airbnb, VBRO) etc.? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you employ any domestic help either part of full time? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a pool, trampoline or treehouse? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own a tractor? If yes, please provide details <input type="checkbox"/> Do you take the tractor off premise? | |

Miscellaneous Insurance CHECKLIST

| YES | NO | QUESTIONS | DETAILS |
|--------------------------|--------------------------|---|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a quote for flood insurance? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a personal umbrella quote to better protect your assets? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any vacant property or secondary homes? Would you like us to provide you with a quote? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own any of the following – boats, ATV, snowmobiles, motorcycle, motor home, golf cart, utility/camper or travel trailer? <input type="checkbox"/> If so, would you like us to provide you with a quote? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own a business? If so, do we insure it? <input type="checkbox"/> If we don't would you like us to provide you with a quote? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you carry life insurance? <input type="checkbox"/> Would you like us to provide you with a quote? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any additional questions or concerns you would like us to call you regarding? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of anyone else who would benefit from a free quote and insurance review from our agency? | Name: Phone number: |

Name Insured Signature:

Date: