

# Insurance Check Up



**We understand that life is often unpredictable.** That's why we offer insurance that keeps you one step ahead. It's our job to anticipate potential risks and make sure you're ready for whatever life brings your way. So whether it's a fallen tree, a fender-bender or a baseball through the window, you can rest assured knowing you're completely covered. Please take a moment to complete the questions below, and we'll make sure you're receiving not just insurance, but peace of mind as well.



## Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_

### Current Insurance

(check all that apply):

Auto Carrier: \_\_\_\_\_

Home Carrier: \_\_\_\_\_

Condo Carrier: \_\_\_\_\_

Renters Carrier: \_\_\_\_\_

Watercraft Carrier: \_\_\_\_\_

RV Carrier: \_\_\_\_\_

Motorcycle Carrier: \_\_\_\_\_

Personal Umbrella Carrier: \_\_\_\_\_

Business Carrier: \_\_\_\_\_

#### What can we help you with today?

I want to make sure I'm completely covered.

I want to be sure I'm getting the best value.

I'm reexamining my needs.

I'm unhappy with my current carrier.

Other: \_\_\_\_\_  
\_\_\_\_\_



## Auto Check Up

Number of vehicles in your home: \_\_\_\_\_

Number of drivers in your home: \_\_\_\_\_

Drivers' ages: \_\_\_\_\_

Your current liability limit is: \_\_\_\_\_ per person/  
\_\_\_\_\_ per occurrence.

Do you have any violations/claims in the last five years?

Yes  No

### Vehicle #1

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

### Vehicle #2

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

### Vehicle #3

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_



## Home Check Up

Do you own or rent your home?

Own  Rent

Address for home to be insured (if different  
from previous page):

\_\_\_\_\_  
\_\_\_\_\_

Have you filed any homeowners or renters claims  
in the last five years?

Yes  No

Does your current insurance cover your home's  
full replacement cost?

Yes  No  Unsure



## Additional Coverage Check Up

Are you interested in a Personal Umbrella Policy?

Yes  No  Need more information

Do you own any of the following? (Please check all that apply)

Motorcycle  Classic car  Watercraft  
 RV  Business  Rental properties

**Questions?** Please let us know if you'd  
like any additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_