

Please take a moment to complete this form. Because aspects of your life change from year to year, you and your agent should use this form for discussion to assure that you are properly covered.

Do you have collectibles: antiques, fine art, stamps, coins, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have costly sporting equipment or firearms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have valuable jewelry or furs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have valuable photography equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a business in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do clients or customers come to your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you keep a large amount of others' business property in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a computer in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own tools or equipment exceeding \$2500 in total value?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you keep samples or items for sale in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you baby-sit or have child day care in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own rental or income property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want your contents covered for "replacement value"?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a secondary residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own investment property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you installed home fire or security alarms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you keep more than \$250 cash in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own recreational vehicles: boat, jet-ski, camper, cycle, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you remodeled your home? Have plans to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have "umbrella" liability coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an above ground or in ground swimming pool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have detached structures: gazebos, storage barn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a satellite dish?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have roomers or boarders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have domestic help, babysitters, landscapers, and house cleaners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you travel frequently (domestic or foreign)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Have you replaced your roof, heating/cooling, plumbing or wiring recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a wood burning or pellet stove or alternative heat source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a fireplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had your chimney professionally cleaned and inspected within the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you concerned about flooding or do you currently have Flood insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there or has there ever been evidence of water leakage or seeping in the residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you concerned about earthquakes or do you currently have Earthquake coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the current Mortgagee listed on your policy up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your income, mortgage, debt or college funding protected for your family in the event of a premature death of you or your spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you interested in protecting yourself from identity theft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
It may have been a while since there's been an evaluation on your home. Are you insured correctly should you sustain a total loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Full Name:

State: Zip:

Phone:

Email:

Emergency Contacts (other than spouse)



Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

