|  |  |  |
| --- | --- | --- |
| **Homeowners Insurance** | ***Yes*** | ***No*** |
| Have you purchased any additional properties in the last year? |  |  |
| Have you remodeled your home, added an addition built any detached structures/pools/garages, or finished your basement? |  |  |
| Do you feel it would cost more to rebuild your home than the amount it is insured for? |  |  |
| Flood and backup of Sewer and Drains are some of the exclusions in a homeowner’s policy – Would you need any of these coverages? |  |  |
| Do you have a sump pump? Does it have a battery backup? |  |  |
| Do you own any watercraft, jet skis, rec. vehicles, ATVs, etc? |  |  |
| Have you added an alarm system or any other security system? |  |  |
| Are any members of your household not related to you? |  |  |
| Are any of your children full-time college students? |  |  |
| Do you baby-sit or operate a child daycare in your home? |  |  |
| Do you have professional tools or equipment at your home? |  |  |
| Have you refinanced or changed your mortgage company? |  |  |
| Do you have a home-based business? |  |  |
| **Automobile Insurance** | ***Yes*** | ***No*** |
| Have you acquired any new vehicles not listed on your policy? |  |  |
| Do you have a company car? |  |  |
| Do you, or any of your family members, own any vehicles that are not included on your current policy? |  |  |
| Are any of the vehicles listed on your policy owned by someone other than you? |  |  |
| Have you changed jobs or retired recently? |  |  |
| Do you use any of your vehicles for a business including snow plowing, pizza delivery, or Uber? |  |  |
| Are all drivers listed on your policy? |  |  |
| Are any of your vehicles customized? |  |  |
| Do you own any trailers? |  |  |
| **Other Coverages** | ***Yes*** | ***No*** |
| Do you have an Umbrella Liability Insurance policy with adequate limits? |  |  |
| Have you reviewed your life insurance beneficiaries, and wills recently? |  |  |
| Have you acquired or have any rental properties that we do not insure? |  |  |
| Do you have a Long-Term Disability insurance policy to protect your family if you were disabled? |  |  |
| Are there any other material changes or new assets you have acquired? |  |  |

**Questions/Comments:**

**Named Insured/Authorized Rep Signature Date**