

# ANNUAL POLICYHOLDER REVIEW



## I. PERSONAL PROFILE

Insured Name \_\_\_\_\_  
Current Employer (Insured) \_\_\_\_\_  
Current Employer (Spouse) \_\_\_\_\_  
Current Phone \_\_\_\_\_  
Current Email Address \_\_\_\_\_  
Would you like "Paperless Delivery" of your policy?     Yes     No

Have you experienced stolen identity or attacks on bank accounts/personal information/social media?

## II. HOME PROFILE

Please check the correct box if any of the following have changed since your last home policy renewal:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Built an addition to the home?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Finished your basement?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Replaced the roof?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Instalrled a new furance?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Added any other improvements to the home?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Installed a security system?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Added or removed a pool or trampoline?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a home based business?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a dog(s)? If so, indicate the breed(s).          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you added/acquired golf carts or recreational vehicles. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you added/acquired any valuables such as jewelry, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## III. AUTO PROFILE

Have you added any drivers or removed any vehicles?     Yes     No

\_\_\_\_\_

Please check those boxes which apply or for which you desire coverage you don't already have:

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Roadside Assistance | <input type="checkbox"/> Company Car    | <input type="checkbox"/> Antique/Classic Auto |
| <input type="checkbox"/> Customized Vehicle  | <input type="checkbox"/> Other Coverage | <input type="checkbox"/> Motor Home/Awning    |

Please check those items that apply to your personal auto policy.

|  |  |
|--|--|
| <input type="checkbox"/> Any Household members work for Uber/Lyft, pizza, or newspaper delivery? | <input type="checkbox"/> Any vehicles used for business? |
| <input type="checkbox"/> Are all vehicles on policy titled in your name?                         | <input type="checkbox"/> Is your loan or lease paid off? |

## IV. LIFE INSURANCE NEEDS

Learn more about our LIFE Insurance Products and how you can save additional money on your auto and home.....possible savings of 5% up to 15%?

## V. REFERRALS

A referral from you is the greatest compliment we could receive.

|             |              |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

"We will be in contact with you to go over your entire insurance program in more detail."