

Mark Smith & Mary Jones

PERSONAL INSURANCE EXPOSURE QUESTIONNAIRE

YES NO

AUTOMOBILE EXPOSURES

- () () 1. Does our Agency insure all the vehicles in your household?
- () () 2. How many licensed drivers in the household? Please list each _____
- () () 3. Do you have a stereo or telephone in your vehicle that was not factory installed?
- () () 4. Are all of your vehicles registered in New York?
- () () 5. Are all of your vehicles registered in your name or your spouse's name?
- () () 6. Are any of your vehicles owned by a corporation and registered in your name?
- () () 7. Have you taken a Defensive Driving Course within the past 3 years?
- () () 8. Do you own any vehicles that are customized? If yes, value of customization _____

HOMEOWNER EXPOSURES

- () () 9. Does our Agency insure all the homes you own?
- () () 10. Are any of your homes ever rented? Please specify _____
- () () 11. Do you have a fire alarm? Central station? _____
- () () 12. Do you have a burglar alarm? Central station? _____
- () () 13. If you own a condominium, do your bylaws require you to carry coverage for the interior reconstruction should a fire occur?
- () () 14. Do you own any antiques, fine art, or collections, such as unique dishes, coins or stamps?
- () () 15. Do you own jewelry, furs or silverware valued over \$500?
- () () 16. Do you own valuable cameras, computers or sporting equipment?
- () () 17. Do you own any other items of particular value?
- () () 18. Do you maintain an office in your home – or give private lessons, such as music lessons? Please specify _____
- () () 19. Have you recently renovated or added to your home?
- () () 20. Flood insurance is excluded from the homeowner policy. Can we provide information on flood insurance?
- () () 21. Do you have any residence employees?

BOATS, CAMPERS, RECREATIONAL VEHICLE EXPOSURES

- () () 22. Do you own a boat? If so, what horsepower _____ Size _____
Where used _____
- () () 23. Do you own any camping or recreational vehicles?
- () () 24. Do you own any campers, motor homes, mopeds, snow mobiles, golf carts or any other miscellaneous vehicles? Please specify _____

OTHER INSURANCE NEEDS

- () () 25. Has your life insurance been updated within the past 2 years?
- () () 26. Do you have income insurance in case you are sick or disabled?
- () () 27. Do you feel you have adequate health insurance?
- () () 28. Would you like to discuss estate planning, retirement planning or investment planning?
- () () 29. Do you or any member of your family own a business?
- () () 30. Do you have an Individual Retirement Plan? Keogh Program?
- () () 31. Do you or any family member serve on any Boards of Directors (civic or corporate)?
- () () 32. If you are a self-employed professional, do you have professional liability, malpractice coverage (CPA, doctor, psychologist, drug counselor, etc.)?
- () () 33. Are there any questions you have regarding insurance? _____

Signature _____

Date _____