

ANNUAL REVIEW CHECKLIST

Spencer Insurance Agency, Inc. makes coverage recommendations based on your lifestyle. In order to make sure your coverage is up to date, we need to know about any life changes. Our goal is to provide you with the proper coverage at a competitive price. We understand that price is important to you, however the "True Cost of Insurance" includes the out of pocket costs you incur when you do not have the proper protection. Please complete this Annual Review Checklist and return it to us today. We will contact you to address any changes or concerns. Let us worry about providing you the protection you need so you can enjoy the things you like to do most!

Fax: 215-887-9538 Email: info@spencerinsurance.com Mail: PO Box 54 Jenkintown, PA 19046

Your Name _____ Spouse's Name _____

Your Email Address(es) _____

Spouse's Email Address(es) _____

Your Phone Number(s) _____ Cell Home Work

Spouse's Phone Number(s) _____ Cell Home Work

YOUR PROPERTY INSURANCE		
If we do not insure your home, would you like us to give you a quote?	Yes	No
Have any members of the household recently married, moved out, separated, or divorced?	Yes	No
Do you own any additional properties that we don't currently insure?	Yes	No
Are any of your properties titled in a trust or LLC?	Yes	No
Have you remodeled your home, added an addition, built any detached structures/pools/garages, or finished your basement?	Yes	No
Do you feel it would cost more to rebuild your home than the amount it is currently insured for?	Yes	No
Flood, Sinkhole, Earthquake, and Back up of Sewer and Drains are some exclusions in a Homeowner's policy. Are you aware you can purchase these coverages?	Yes	No
Do you have a sump pump?	Yes	No
If so, does it have a back up/alternative power source?	Yes	No
Do you own any trailers, watercrafts, jet skis, recreational vehicles, snowmobiles, ATVs, or motorized golf carts that we don't currently insure?	Yes	No
Do you own any jewelry, fur, silverware, musical instruments, stamps/coins/guns/fine arts or collectibles that we don't currently insure?	Yes	No
Do you have an alarm system?	Yes	No
Are any members of your household not related to you?	Yes	No
If you have children, are any of them full-time college students?	Yes	No
Are any of the members of your family living in an assisted living facility or nursing home?	Yes	No
Do you have a home-based business?	Yes	No
Do you baby-sit or operate a child daycare in your home?	Yes	No
Do you have professional tools or equipment at your home?	Yes	No
Have you refinanced, changed your mortgage company, or paid off your mortgage?	Yes	No
Are you concerned about protecting your assets if you are sued?	Yes	No

YOUR CAR INSURANCE		
If we do not insure your cars, would you like us to give you a quote?	Yes	No
Have you acquired any new vehicles that are not listed on your policy?	Yes	No
Do you or any family members living in your household own any vehicles that are not included on your current policy?	Yes	No
Are any of your vehicles used for a ride sharing service such as Uber or Lyft?	Yes	No
Do you have a company car?	Yes	No
Do you have any classic or antique cars that we don't currently insure?	Yes	No
Do you own a motorcycle that we don't currently insure?	Yes	No
Are any of the vehicles listed on your policy titled to someone other than you?	Yes	No
Have you changed jobs or retired recently?	Yes	No
Do you want to be able to rent a car if your car is damaged in an accident?	Yes	No
Do you want Roadside Assistance/Towing coverage?	Yes	No
Do you use any of your vehicles for your business (includes snow plowing or food delivery)?	Yes	No
Do you understand the difference between Full and Limited Tort?	Yes	No
Have you lost your medical insurance?	Yes	No
Are all drivers in your household listed on your policy?	Yes	No
Are any of your vehicles customized?	Yes	No
If you are 55 or older, have you taken a PA Defensive Driver Course?	Yes	No
If you have Teen Drivers, are you familiar with our "Parents of Teen Drivers" program?	Yes	No

FINANCIAL SERVICES		
Have you reviewed all of your life insurance policies with us?	Yes	No
Have you updated your beneficiaries and/or wills recently?	Yes	No
Do you have life insurance to pay off your mortgage, pay for your burial, or to provide family income?	Yes	No
Have you reviewed the life and disability insurance you received from your employer for possible gaps?	Yes	No
Do you have Long Term Disability to protect your family if you become disabled?	Yes	No
Do you have Long Term Care insurance to protect your retirement assets?	Yes	No

AGENCY SURVEY		
What do you like most about Spencer Insurance Agency?		
What three words would you use to describe our agency?		
What could we do better to service your insurance needs?		
Are you receiving our email alerts? YES NO		
Please provide us with any additional comments or concerns.		