

Renewal Checklist

Spencer Insurance Agency, Inc. recommends and provides insurance products and services to our clients that best matches their risk factors in their personal and business lives. Spencer Insurance represents top rated competitive carriers. Our goal is to provide an insurance package that reflects the client's risk that is very competitively priced. While Spencer Insurance recognizes that price is an important consideration, it also realizes that our client's TRUE COSTS can be much higher if they are not properly protected. Your protection and peace of mind is our only business.

With that in mind we ask that you complete this form and return it to us so we can make sure we are providing the proper protection for you and your family.

4 Easy Ways to Respond!

Scan and email the form to info@spencerinsurance.com. * Fax the form to 215-887-9538
 Call us at 215-885-2200 * Mail the form to us at PO Box 54 Jenkintown, PA 19046-0054

YOUR HOME INSURANCE	<i>Yes</i>	<i>No</i>
Do you own any additional properties?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your properties titled in a trust or LLC?	<input type="checkbox"/>	<input type="checkbox"/>
Have you remodeled your home, added an addition, built any detached structures/pools/garages, or finished your basement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel it would cost more to rebuild your home than the amount it is insured for?	<input type="checkbox"/>	<input type="checkbox"/>
Flood, earthquake, and backup of Sewer and Drains are some of the exclusions in a homeowner's policy. Do you need any of these coverages?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sump pump? Does it have battery backup?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any watercraft, jet skis, recreational vehicles, snowmobiles, ATV's, or motorized golf carts?	<input type="checkbox"/>	<input type="checkbox"/>
Is your jewelry, fur, silverware, musical instrument, stamp, coin, gun, or fine art and collectible collection listed on your homeowner's policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you added an alarm system?	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your household not related to you?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children full time college students?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the members of your family living in Assisted Living Facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you baby-sit or operate a child daycare in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have professional tools or equipment at your home?	<input type="checkbox"/>	<input type="checkbox"/>
Have you refinanced or changed your mortgage company?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about protecting your assets if you are sued?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a home based business?	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ **Best Phone Number** _____

Best time to call _____ **Email Address:** _____

Please complete reverse side

YOUR CAR INSURANCE		
Have you acquired any new vehicles not listed on your policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a company car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, or any of your family members, own any vehicles that are not included on your current policy?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the vehicles listed on your policy owned by someone other than you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever changed jobs or retired recently?	<input type="checkbox"/>	<input type="checkbox"/>
If your car is damaged in an accident do you want to be able to rent a replacement car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any of your vehicles for your business including snow plowing and pizza delivery?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the difference between Limited and Full Tort?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost your medical insurance at work?	<input type="checkbox"/>	<input type="checkbox"/>
Are all drivers listed on your policy?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your vehicles customized?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any trailers?	<input type="checkbox"/>	<input type="checkbox"/>
OTHER IMPORTANT CONCERNS		
Have you reviewed your life insurance, beneficiaries, and wills recently?	<input type="checkbox"/>	<input type="checkbox"/>
Have we reviewed your benefits at work for possible gaps?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family recently married, moved out of the house, separated, or divorced?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have life insurance to pay off your mortgages?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in an Umbrella Liability Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you acquired or have any rental properties that we do not insure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed how your family will handle your Long Term Care needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in protecting you retirement assets with Long Term Care Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If you own a business, would you like us to review your business insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Long Term Disability insurance to protect your family if you were disabled? If yes, have we reviewed the policy with you?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments or Concerns: