

# ANNUAL RENEWAL CHECKLIST



Spencer Insurance Agency, Inc. makes coverage recommendations based on your lifestyle. Life changes and we need to know about these changes to make sure your insurance is up to date. 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 Renewal 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! You can return this form to us through **Fax:** 215-887-9538, **Email:** [info@spencerinsurance.com](mailto:info@spencerinsurance.com), or **Mail:** PO Box 54 Jenkintown, PA 19046.

**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Best Phone Number:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

<b>YOUR PROPERTY INSURANCE</b>		
If we do not insure your home, would 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?	YES	NO
If so, are they 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 insured for?	YES	NO
Flood, Earthquake, and Back up of Sewer and Drains are some of the exclusions in a Homeowner's policy. Do you need any of these coverages?	YES	NO
Do you have a sump pump?	YES	NO
If so, does it have a battery back up?	YES	NO
Do you own any trailers, watercrafts, jet skis, recreational vehicles, snowmobiles, ATVs, or motorized golf carts?	YES	NO
Is your jewelry, fur, silverware, musical instrument, stamp/coin/gun/fine art collection listed on your Homeowner's policy?	YES	NO
Have you added 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?	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

<b>YOUR CAR INSURANCE</b>		
If we do not insure your cars, would like us to give you a quote?	YES	NO
Have you acquired any new vehicles not listed on your policy?	YES	NO
Do you or any of your family members own any vehicles that are not included on your current policy?	YES	NO
Do you have any classic or antique cars?	YES	NO
Do you own a motorcycle?	YES	NO
Do you have a company car?	YES	NO
Are any of the vehicles listed on your policy owned by someone other than you?	YES	NO
Have you changed jobs or retired recently?	YES	NO
If your car is damaged in an accident, do you want to be able to rent a replacement car?	YES	NO
Do you use any of your vehicles for your business (includes snow plowing or pizza 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 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

<b>FINANCIAL SERVICES</b>		
Have you reviewed your life insurance policies, beneficiaries, and wills recently?	YES	NO
Would you like us to review your life insurance?	YES	NO
Do you have life insurance to pay off the mortgage?	YES	NO
Do you have life insurance for your burial or to provide family income?	YES	NO
Have you reviewed the life and disability insurance you receive from your employer for possible gaps?	YES	NO
Do you have Long Term Disability to protect your family if you are disabled?	YES	NO
Would you like to learn more about Long Term Care insurance?	YES	NO
Do you want to learn how to protect your assets from a lawsuit?	YES	NO

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