

ANNUAL CLIENT REVIEW

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

Your Car Insurance

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

Financial Services

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

Agency Survey

Are you receiving our email alerts?	Yes	No	If not, would you like to?	Yes	No
What do you like most about Spencer Insurance Agency?					
What could we do better to service your insurance needs?					
Please provide any additional comments or concerns.					