

Auto Personal Insurance Checklist 2007

Thank you for your business!

Please complete and return to us at your earliest convenience

Name _____ DATE _____
Address _____ EMAIL _____

- Yes** **No** 1. Does your auto policy accurately list all vehicles you own?
- Yes** **No** 2. Does our agency insure all your vehicles? (personal, antique, business, motorcycles)
- Yes** **No** 3. For your vehicles; the registered owner and the named insured must match. Do they?
- Yes** **No** 4. Do you have a company car furnished for your use?
- Yes** **No** 5. If you own a pickup truck and you plow for others you may not have coverage. Please Call
- Yes** **No** 6. Are any of your vehicles customized?
- Yes** **No** 7. Higher deductibles will save you money. Are you interested in increasing your deductible?
- Yes** **No** 8. Liability limits can be increased to \$500,000 or higher. Are you Interested?
- Yes** **No** 9. If we do not currently insure your home, condo or renters policy, may we give you a quote
- Yes** **No** 10. A \$1,000,000 umbrella liability policy is inexpensive protection in excess of your home and auto liability. Premiums are around \$250 for two cars and a home. Would you like additional information?
- Yes** **No** 11. Uninsured & Underinsured Motorist coverage is for you. Do you understand how it works?
- Yes** **No** 12. Uninsured & Underinsured Motorist coverage limits can be increased to double your Bodily Injury Limit and conversion can be added. Are you interested?
- Yes** **No** 13. Optional Coverages such as Towing, Rental Reimbursement and full glass coverage are available. If you do not already have any one of these coverages, would you be interested?
- Yes** **No** 14. Optional Coverages such as medical payments and reparations benefits are available. If you do not already have any one of these coverages, would you be interested?
- Yes** **No** 15. Would you like information on life insurance?
- Yes** **No** 16. Would you like information on Long Term Care Insurance for you or a relative?
- Yes** **No** 17. Would you like information on Medical Insurance?
- Yes** **No** 18. Would you like information on Disability Insurance?
- Yes** **No** 19. Do we have your correct address?
- _____ 20. How often would you like us to review your insurance with you? Annually? Semi annually? Other?
- Yes** **No** 21. If your health insurance has a high deductible (you have an H.S.A.), you may wish to consider a small amount of medical payments coverage on your auto policy to cover your deductible. The cost is minimal.

It would be very helpful if you would return this checklist to us even if nothing on your policy needs to be changed.

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