

We're always there for you.®

# Insurance Check Up



**At Statewide, we understand that life is often unpredictable.** That's why we offer coverage that keeps you a step ahead. It's our job to anticipate potential risks and make sure you're ready for whatever life brings your way. So whether it's a storm loss, fender-bender, or baseball through the window, you can rest assured knowing **we'll always be there for you.** Please take a moment to complete the questions below, and we'll make sure you're receiving not just insurance, but peace of mind as well.



## Personal Information

Name

Home Address

Phone

Email

Birthdate

### What can we help you with today?

- I want to make sure I'm completely covered.
- I want to be sure I'm getting the best value.
- I need additional coverage that I don't now have.
- I'm reexamining my needs.
- I'm unhappy with my current carrier.
- Other:

## Current Insurance

*(please check all that apply):*

Coverage	Carrier
<input type="checkbox"/> Auto	<input type="text"/>
<input type="checkbox"/> Home	<input type="text"/>
<input type="checkbox"/> Condo	<input type="text"/>
<input type="checkbox"/> Renters	<input type="text"/>
<input type="checkbox"/> Watercraft	<input type="text"/>
<input type="checkbox"/> RV	<input type="text"/>
<input type="checkbox"/> Motorcycle	<input type="text"/>
<input type="checkbox"/> Personal Umbrella	<input type="text"/>
<input type="checkbox"/> Valuable Articles	<input type="text"/>
<input type="checkbox"/> Business Insurance	<input type="text"/>



# Auto Insurance Check Up

Number of vehicles in your home

Number of drivers in your home

Drivers' ages (list all)

Any violations or claims in past 5 years?  Yes  No

What is your Drivers License # ?

Your Social Security #

What is your liability limit per person?

What is your liability limit per accident?

## Vehicles you own or regularly use:

Vehicle #1	
Make:	<input type="text"/>
Model:	<input type="text"/>
Year:	<input type="text"/>
VIN #	<input type="text"/>

Vehicle #2	
Make:	<input type="text"/>
Model:	<input type="text"/>
Year:	<input type="text"/>
VIN #	<input type="text"/>

Vehicle #3	
Make:	<input type="text"/>
Model:	<input type="text"/>
Year:	<input type="text"/>
VIN #	<input type="text"/>

Vehicle #4	
Make:	<input type="text"/>
Model:	<input type="text"/>
Year:	<input type="text"/>
VIN #	<input type="text"/>



# Home Insurance Check Up

Do you own or rent your home?  Own  Rent

Had any claims in the last 5 years?  Yes  No

Do you have coverage now?  Yes  No

Address of Property:

What is your home constructed of?

List the animals you own:

Do you have a pool or trampoline? Yes  No

What is the value of your home?

Does that value include the land? Yes  No



# Additional Coverages Check Up

Do you now have a personal umbrella policy to protect yourself?  Yes  No  Need more info

Do you own, regularly use, or have any of the following (*please check all that apply*)?

Motorcycle  Classic Car  Boat/Yacht  Jet Ski

RV  Golf Cart  Vacation Home  Rental Property

Rental Property  Valuable Collections  Guns/Furs/Jewelry  Home Based Business

**Questions and Comments**