

Residential Personal Insurance Checklist

Please complete and return to us at your earliest convenience

- Yes ___ No ___ 1. Do you operate any type of **business** from your home including an office or studio?
- Yes ___ No ___ 2. Homeowners policies provide a very limited amount for **business property**.
Do you keep any business equipment or property at home?
- Yes ___ No ___ 3. Do you rent any part of your property to someone else?
- Yes ___ No ___ 4. Do you own any **recreational vehicles** such as boats, snowmobiles, camper, ATV's, motorcycles, golf carts, etc?
- Yes ___ No ___ 5. Do you have a child student age 21 and over who lives off campus?
- Yes ___ No ___ 6. Do you have a family member who is living at an assisted living facility?
- Yes ___ No ___ 7. Do you employ any **domestic help**?
- Yes ___ No ___ 8. Have you recently remodeled, put an addition on or completed home improvements or constructed any outbuildings?
- Yes ___ No ___ 9. When have you made any updates to the following? Please insert the year:
Roof ___ Plumbing ___ Heating ___ Electrical ___
- Yes ___ No ___ 10. Do you own **rental or investment property** not insured with our agency?
- Yes ___ No ___ 11. Do you have fire, burglar and/or low temperature **alarms** installed in your home?
- Yes ___ No ___ 12. Are you interested in increasing your personal liability limits to \$500,000 or higher?
- Yes ___ No ___ 13. Would you like to review the **Building Ordinance** limits on your policy?
- Yes ___ No ___ 14. Do you want to add **Identity Fraud Coverage** to your policy?
- Yes ___ No ___ 15. Do you want to add **Water Backup and Sewer Coverage** to your policy?
- Yes ___ No ___ 16. Are you interested in **flood insurance** for your home and contents?
- Yes ___ No ___ 17. Are you interested in **earthquake insurance** for your home?
- Yes ___ No ___ 18. Are you interested in **scheduled coverage** for your jewelry, furs, silverware, antiques or collectibles?
- Yes ___ No ___ 19. Do your currently scheduled items on your policy need updating?
- Yes ___ No ___ 20. Does Archambault Insurance currently insure your autos?
- Yes ___ No ___ 21. May we quote if we do not insure your autos? Expiration Date _____
- Yes ___ No ___ 22. Would you like to review the amount of dwelling coverage on your home?
- Yes ___ No ___ 23. Are you interested in increasing the personal property limit on your policy?
- Yes ___ No ___ 24. Are you interested in saving money by increasing your homeowners deductible?
- Yes ___ No ___ 25. Are you interested in a **Personal Umbrella** to provide you with high liability limits?
- Yes ___ No ___ 26. Do you belong to a homeowners, condominium or beach association?
- Yes ___ No ___ 27. Is the mortgagee listed correctly on your policy?
- Yes ___ No ___ 28. Would you like us to provide you with some information about **Life Insurance, Long Term Care or Disability Insurance**?

Insured Signature

Date

Email Address