



Insurance Renewal Check-Up

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Just as your health needs an annual check-up, so does your insurance coverage. Please take some time to complete the checklist below concerning your personal insurance needs. When you are finished, please return the questionnaire back to us, and feel free to stop by or give us a call with any questions or changes you need to make.

Name: _____ Phone: _____

Address: _____

City, _____ State, _____ Zip: _____

Email: _____ Date: _____

Check Yes or No. If necessary, please provide a brief description or explanation.

Automobile Insurance

- | | | |
|-----|----|---|
| Yes | No | 1. Are you presently insuring all the vehicles in your household that you own? |
| Yes | No | 2. Does our agency insure all your vehicles? |
| Yes | No | If not, would you like us to provide you with a quotation?
_____ |
| Yes | No | 3. Are all the vehicles you are insuring titled in your name? |
| Yes | No | Are they garaged at your residence?
_____ |
| Yes | No | 4. Do you have a vehicle furnished for your regular use that you do not own, such as a company vehicle? _____ |
| Yes | No | 5. Are all of the licensed drivers in your household listed on your auto policy?
_____ |
| Yes | No | 6. Have any of your household members moved from your home, but have not been removed as drivers on your policy? _____ |
| Yes | No | 7. Do you have any new household members that need to be included or excluded from your auto policy? _____ |
| Yes | No | 8. Do any of your children (age 16 to 24) qualify for the "Good Student" discount? (3.0 or better GPA and enrolled full-time) _____ |
| Yes | No | 9. Are any of your children (age 16 to 24) 100+ miles away at school without a vehicle? |
| Yes | No | 10. Do any of your vehicles have non-factory installed equipment such as stereos, CD players, TVs, VCRs, navigational systems, etc. that need to be specifically insured? _____ |
| Yes | No | 11. Are the bodily injury and property damage liability limits on your auto policy adequate to protect your assets? _____ |
| Yes | No | 12. Does your uninsured/underinsured motorist's coverage provide protection for you equal to your liability limits? |
| Yes | No | 13. Do you have towing coverage on your personal auto policy? |

- | | | |
|-----|----|---|
| Yes | No | 14. Is the basic medical coverage on your auto policy enough to meet your needs? |
| Yes | No | 15. If your vehicle(s) were damaged in an accident, would your current auto insurance reimburse you for a rental vehicle while yours is being repaired? |
| Yes | No | 16. Have you considered increasing the deductibles on your comprehensive and collision coverage for a reduction in premium? |
| Yes | No | 17. Do you plan to purchase a new vehicle this year? |
| Yes | No | If so, would you like us to provide you with an insurance estimate on the vehicle(s) you are considering?_____ |

Homeowners Insurance

- | | | |
|-----|----|--|
| Yes | No | 18. Is your home currently insured with us? |
| Yes | No | If not, would you like us to provide you with a quotation? |
| Yes | No | 19. Is your home properly insured for its full replacement cost value? |
| Yes | No | 20. Have you completed any renovations to your home, or built any new buildings that would increase the replacement cost value of your home? |
| Yes | No | 21. Do you have: smoke detectors? |
| Yes | No | fire extinguishers? |
| Yes | No | dead bolt locks? |
| Yes | No | a central station or local burglar/fire alarm system?_____ |
| Yes | No | 22. Have you considered increasing your deductible on your homeowners policy for a reduction in premium? |
| Yes | No | 23. Is the automatic coverage on the policy enough to cover all separate structures on your premises? |
| Yes | No | 24. Is the personal property coverage on your homeowners policy adequate? |
| Yes | No | Are your possessions insured for their full replacement value? |
| Yes | No | 25. If you own a condominium, do you carry condominium insurance other than what the Association provides for such things as your contents, liability, loss assessment, additions or alterations, etc.? |
| Yes | No | If not, would you like us to provide you with a quotation? |
| Yes | No | 26. If you rent, do you carry renters insurance? |
| Yes | No | If not, would you like us to provide you with a quotation? |
| Yes | No | 27. Do you own any jewelry, furs, silverware, fine arts, firearms, coins, stamp collections or other unique collections that you need separate coverage for, as your current homeowners policy has special limitations for such items? |
| Yes | No | 28. Do you own any computers, cameras, tools, or musical instruments? |
| Yes | No | Are they used in any type of business or profession? |
| Yes | No | 29. Are you part of a homeowners/residential association? |
| Yes | No | 30. Do you have any children away at college? |
| Yes | No | 31. Do you own any pets or animals? |
| | | If so, please provide the type and breed:_____ |
| Yes | No | 32. Do you have a swimming pool, hot tub, Jacuzzi or spa? |
| | | If yes, please indicate which one:_____ |
| Yes | No | 33. Do you conduct any business in our home, give private lessons, or hold items for retail sale? Please specify:_____ |

- Yes No 34. Do you provide any daycare out of your home?
 Yes No 35. Do you have any roommates or boarders?
 Yes No 36. Do you employ any domestic help either part-time or full-time?

Miscellaneous

- Yes No 37. If you don't carry it already, are you interested in flood coverage?
 Yes No 38. If you don't carry it already, are you interested in earthquake coverage?
 Yes No 39. Do you carry at least a one million-dollar umbrella policy?
 Yes No 40. Do you own a second home, or any other real property such as cabins, rental dwellings, farming properties or vacant land?
 If yes, specify which: _____
 Yes No Would you like us to provide you with a quotation?
 Yes No 41. Do you own any of the following recreational vehicles?
 Boat/Jet Ski Camper/Travel Trailer ATVs/Dirt Bike
 Motor Home Golf Cart Snowmobile
 Motorcycle Moped Utility Trailer
 Yes No Does our agency insure your recreational vehicle(s)?
 Yes No If not, would you like us to provide you with a quotation?
 Yes No 42. Do you own a business?
 Yes No If so, do we currently insure it?
 Yes No If not, would you like us to provide you with a quotation?
 Yes No 43. Do you presently carry life insurance?
 Yes No Would you like us to provide you with a quotation?
 Yes No 44. Do you know anyone else who could benefit from a no-obligation insurance review from our agency?
 Name(s): _____ Phone: _____

Thank you!
We appreciate your time.

Thank you for taking the time to complete this checklist. If you have any questions, please stop by or give us a call.

