

# LEUGERS INSURANCE AGENCY, INC.

## INSURANCE REVIEW

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Homeowner Review please answer only where applicable

Yes No

- \_\_\_\_\_ Have you made any additions or renovations to your home?
- \_\_\_\_\_ Have you replaced your roof? When \_\_\_\_\_ Roof Material \_\_\_\_\_
- \_\_\_\_\_ Do you own or have you purchased or acquired any of the following high valued items? *Please circle*  
*Jewelry Guns Furs Silverware Personal Computer Fine Arts Other* \_\_\_\_\_  
(These items may have certain coverage limits that apply.)
- \_\_\_\_\_ Please explain if you would like to have them added to the policy \_\_\_\_\_
- \_\_\_\_\_ Do you own a secondary home or rental properties?
- \_\_\_\_\_ Water backup of sewers or drains and earthquake coverage are not automatically included on a home policy. Are you interested in adding or verifying that you have this coverage?
- \_\_\_\_\_ Would you consider increasing your deductible on your policy in order to reduce your premium?
- \_\_\_\_\_ Has your mortgage company recently changed? *Please explain* \_\_\_\_\_

### Auto / Vehicle Review please answer only where applicable

Yes No

- \_\_\_\_\_ Are all drivers and vehicles listed on your policy correct?
- \_\_\_\_\_ Do you own a moped / snowmobile / camper / recreational vehicle / trailer / watercraft / golfcart or other motorized vehicle that you need coverage for?  
*If YES, please list* \_\_\_\_\_
- \_\_\_\_\_ Do you have any vehicles furnished to you for your regular use that you don't own such as a company car?
- \_\_\_\_\_ Rental reimbursement and towing coverage are not automatically included on an auto policy. Are you interested in adding or verifying that you have this coverage?
- \_\_\_\_\_ Would you consider increasing your deductible on your policy in order to reduce your premium?
- \_\_\_\_\_ Did any youthful drivers have a cumulative GPA of 3.0 or better during the last grading period?
- \_\_\_\_\_ Are any youthful drivers away at school over 100 miles without a vehicle?
- \_\_\_\_\_ Do you have any auto loans? *If YES, please explain* \_\_\_\_\_

### Miscellaneous Items

Yes No

- \_\_\_\_\_ EFT (electronic funds transfer) may be a billing plan option. Are you interested in having your payments automatically withdrawn from your checking / savings account on the due date?
- \_\_\_\_\_ If you do not already have umbrella (excess liability) coverage, would you like more information or a quote?

*I have reviewed the questions above and answered them to the best of my knowledge. I understand that some of the answers I have provided may require additional information. I also understand that completing this questionnaire in no way guarantees / changes / binds coverage.*

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address