



Checklist

Personal Risk Assessment

For:

Date:

Utilize this checklist to verify personal risks areas and determine needed coverages or adjustments to existing policies. Answers with a “YES” response may require coverage. Additional space is provided below for notes.

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have collectibles such as antiques, fine art or wine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you own valuable jewelry or furs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a hobby that requires expensive equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you own tools, equipment or instruments used in your trade or profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know the full replacement value of your belongings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you recently remodeled or redecorated your home? Do you have plans to do so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any alarms installed in your home? If yes, what type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you use a wood-burning stove? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dog or other pet that may pose a risk to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a swimming pool? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have children away at college? If yes, are their possessions insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you own a rental or investment property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you own a vacation residence? If yes, do you carry renters insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you plan to purchase a new vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does your automobile policy list the names of all drivers living in your household? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you routinely drive vehicles you do not own? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If your vehicle were damaged in an accident, would your current auto policy reimburse you for a rental car while yours is being repaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you own a recreational vehicle? If yes, what type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you own a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you plan to start a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you operate an office or studio in your home? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| 22. Do clients come into your home to make purchases or conduct business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you keep large amounts of cash in your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Would you like a no-obligation review of your life insurance needs for your business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you know if you have adequate professional liability or malpractice coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you and your family members have proper health insurance coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do other family members need such coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you carry an umbrella liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have life insurance that pays your mortgage in the event of your death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have long-term care coverage to protect your savings? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: