

Account Review Questionnaire

Today's Date: _____

General Information

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Home Phone #: _____
 Cell Phone #: _____
 Email: _____
 Occupation: _____
 Best way/time to contact you? _____
 Marital status: _____

Spouse's name (if applicable): _____
 Cell phone #: _____
 Email: _____
 Occupation: _____
 Children/Ages: _____
 # Children living at home: _____
 Have you recently had changes in your address, employment or marital status? If yes, please describe.

Property Information

Location Address: _____
 City, State, Zip: _____
 Name on Title/Deed of the Home (if not yourself/spouse):
(First & Last Name, Name of Trust, LLC, or Corporation)

Improvements over \$5,000 in the past year? Yes No
 Recently updated?

Heating/AC	Year: _____
Roof	Year: _____
Plumbing	Year: _____
Wiring	Year: _____

Swimming Pool:	Yes	No
Trampoline:	Yes	No
Wood burning stove:	Yes	No
Animal(s)/Dog(s):	Yes	No

Do you employ household staff? Yes No
If yes, please describe: _____

Office, studio or business in your home? Yes No
If yes, please describe: _____

Own a rental or investment property?	Yes	No
Own a vacation home or cabin?	Yes	No
Own a farm, vacant or hunting land?	Yes	No

Own firearms or sporting equipment? Yes No
Total value & description: (if valued over \$2,000)

Own valuable cameras, video equipment or computers?
Cameras/Video \$ _____ Computers \$ _____

Own collectibles such as antiques, fine art, jewelry, stamps, coins or baseball cards? Yes No
Total Value \$: _____

Please indicate if the following are in your home:

Smoke detector	Fire extinguishers	Dead bolt locks	Fire Alarm	Is it centrally monitored?	Yes	No
			Burgler Alarm	Is it centrally monitored?	Yes	No

Do you want protection from water sewer backup or sump pump failure? Yes No

Do you want identity theft protection? Yes No

Auto Information

Does our agency insure all your owned vehicles?

Yes No

Do you have a child away at college? Yes No

If yes, are they over 100 miles away? Yes No

With a car Without a car

Please indicate any changes to the following:

Purchased a *new* car Yes No

Vehicle has custom furnishings/equipment: Yes No

Sold a car recently Yes No

Vehicle has Topper or Slide-In Camper: Yes No

New driver in household Yes No

Vehicle has non-factory installed equipment: Yes No

Miles you drive to work one-way? _____ Spouse? _____

If your car is damaged in an accident, do you want a rental

Miles your child drives to work/school one-way? _____

car while it's being fixed? Yes No

Does your auto policy specify by name all of the regular

Do you want towing coverage? Yes No

drivers in your household? Yes No

Do you regularly use vehicles you don't own? Yes No

Life Information

Current life insurance policy: Yes No Carrier: _____

Do you have a Long Term Care policy? Yes No

Do you have a Disability Income policy? Yes No

Do you have any IRAs or annuities? Yes No

Misc. Information

Do you and/or your spouse own a business? Yes No If yes, please describe: _____

Do you carry at least a \$1,000,000 Umbrella liability policy? Yes No

Please indicate all the items you own or have joint ownership in:

Primary residence	Secondary home/cabin	Condo	Rental property
Investment property	Vacant land	Farm land	Hunting land
RV	Jet Ski	Snowmobile	Golf cart
Boat	ATV/UTV	Airplane	

Are you a AAA member? Yes No

Does anyone in your family have a pilot's license? Yes No

Is there anything we missed? Please let us know if you have any specific concerns.
